

City Life, Anxiety and the Problem of the Neighbour:

A Theoretical Exploration of the Grey Zone

by

Amelia Lauren Ruby Howard

A thesis
presented to the University of Waterloo
in fulfillment of the
thesis requirement for the degree of
Master of Arts
in
Sociology

Waterloo, Ontario, Canada, 2011
©Amelia Lauren Ruby Howard 2011

Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

This thesis is a theoretical exploration of the problem of the neighbour as an encounter with the Grey Zone. I look at various materials that can be formulated as expressions of the anxiety over the unknown that can come out in confrontation with problematic neighbours. Using an interpretive lens that recognizes the fundamental ambiguity in any speech (Blum 2010, Bonner 1997, 1998) I attempt to show how such talk is grounded in the problem of anxiety in the face of the unknown. I begin with an analysis of city life and problem neighbours in general, I then move to a theoretical discussion of the problem that Žižek's formulation of the Neighbour as Other and Raffel's discussion of a shared world brings out. I then look at the problem of a specific kind of bad neighbour, a methadone clinic can have in terms of the experience of parenting, and how this is articulated in some theoretical writings on city life. I then turn to an analysis of the proverbial fence as a solution to the Neighbour, followed by an analysis of the Russell Williams case as a call to revisit the problem of the Neighbour in relation to the Grey Zone. Though seemingly disconnected, all the cases I deal with can be understood as part of a conversation on the relation of health, neighbourliness and anxiety in the city to the problem of an encounter with the unknown.

Acknowledgements

First and foremost I must acknowledge my teacher and my thesis supervisor Dr. Kieran Bonner, who has had a tremendous influence on this piece of work in particular, and on my development as a student of social theory in general. I am thankful for the challenges and critiques he has brought up throughout this process, his principled approach to teaching and research, his friendship, and his (almost) unlimited patience.

I owe a great deal of credit to Dr. Alan Blum whose theory and methods I have drawn from widely in this and other papers I've written. I am so thankful for the opportunity to see this method in action in Dr. Blum's classes, and at the Culture of Cities Centre in Toronto. Many of the ideas in this thesis were sparked in one of these environments.

I am very fortunate to have had generous financial support from the, Ontario Graduate Scholarship program, the Sociology Department at the University of Waterloo, the University of Waterloo's Presidents Scholarship and the Grey Zone project. Thank you to the department secretaries, especially Ilona Kosa. Thank you to my office mates, graduate students and faculty in the Sociology department for all of the support. A special thank you to Dr. Ken Westhues for making me want to study sociology in the first place, Dr. Keith Warriner who has been so helpful as a teacher and committee member, and Dr. Gary Bruce of the history department who was an influential teacher, and is now a good friend.

Finally thank you to my family and friends who supported me throughout this process - especially my husband Mike for his love, for being my closest, funniest and most interesting friend, and for his infinite support.

Dedication

To my parents, Marcia Ruby and Tom Howard.

Table of Contents

AUTHOR’S DECLARATION	II
ABSTRACT	III
ACKNOWLEDGEMENTS	IV
DEDICATION	V
INTRODUCTION	1
CHAPTER 1. THE INTERPRETIVE PARADIGM AND THE GREY ZONE	5
A Method of Analysis	6
The Grey Zone	8
Structure of the Chapters	10
CHAPTER 2. THE NEIGHBOUR AS A HEALTH RISK	12
Health	13
The Neighbour	14
Freedom and Progress in the City	15
Hysteria in the face of the Neighbour	16
Neighbourhoods	21
Hysteria and Hysterical Solutions to the Problem of the Neighbour	24
CHAPTER 3. SHARING, HEALTH AND THE CITY	26
CHAPTER 4. THE BAD NEIGHBOUR AS A SYMPTOM OF CITY LIFE: THE CASE OF METHADONE	33
Methadone and Health in the City	33
A Bad Neighbour in Methadone	35
Urban Qualities	36

NIMBY as the (ir?)Responsible Citizen	37
Quality	38
The City	40
Marx: The Revolutionary Character of Urbanity	41
Wirth: Urbanism as a Way of Life.....	43
Pahl: The End of Inquiry to the City as a Cure for Uncertainty	45
“The City is Nothing But a Sign”	48
The Bourgeoisie and the City.....	49

CHAPTER 5. THE PROVERBIAL FENCE: BOUNDARIES AND DISCRETION AS SOLUTIONS TO THE PROBLEM OF THE NEIGHBOUR52

Kenneth Burke: Proverbs as Medicine.....	53
Fences.....	55
The Good Fence	56
Making	59
The Good Neighbour and Infection	61
Discretion.....	62

CHAPTER 6. REVISITING THE PROBLEM OF THE NEIGHBOUR, AND THE BAD NEIGHBOUR IN RELATION TO THE GREY ZONE64

Russell Williams as the Destructive Neighbour with No Cure	65
The Stealth Evildoer	68
The Pain of a Confrontation with Duality.....	69
A Call to Heal.....	71

CONCLUSION73

REFERENCES77

Introduction

The Grey Zone is a figure of speech meant to collect the essential ambiguity intrinsic to all social phenomena as it becomes topical in mundane ways (say, through the ideas of uncertainty, or “noise” in communication theory, or conventionally in clichés about limits of totality, or supposed “gaps” between subjective and objective, ideal and actual), or on critical occasions or crises when our inability to completely master events becomes apparent. The Grey Zone is based upon a proverbial sense of the distinction between “black and white” dualistic thinking that posits unambiguous alternatives as if choosing between them is the fundamental ambiguity (either/or) and a more pervasive sense of irresolution that haunts all words and deeds (Blum 2010, 18)

In this thesis, I examine the problem of the desire to experience a knowable world and the anxiety brought out by uncertainty through an analysis of talk about problem neighbours. The problem of the neighbour that I am bringing out is not a problem with any particular neighbour, or a bad neighbour, rather, I try to show that simply having a neighbour—any neighbour—is problematic for an individual. I look at this problem in the context of health and its enigmatic (Gadamer 1996) existence that is made visible in city life (Blum 2010). The connection between the problem of the neighbour and what Alan Blum calls the Grey Zone of health is multi-layered. I will begin with a discussion of how a problem neighbour can be formulated as a health problem. Later I will look at the deep problem represented in talk about problem neighbours and show how it brings to the fore the fundamental problem of the grey zone, which is also brought out in talk about health problems in general and especially in talk about health problems in the context of city life.

The connection between neighbours and health here is three-fold:

1. A problem neighbour (or any neighbour) can be formulated in academic and lay talk as a health problem.

2. The deep problem of the neighbour shares the form of the deep problem of health and illness— as something fundamental that we need to resolve in so far as we live with neighbours but something enigmatic.
3. Methodologically speaking, my approach to the talk about neighbours is one that relies on a notion of diagnosis and healing, loosely inspired by Freud’s psychoanalysis and the self reflective analysis of McHugh et al. In other words it is assumed that complaints about neighbours are symptomatic of a deeper problem that is hidden in the text and my task as the theorist is to uncover these “real” problems, and orient to how the problems might be healed (and conversely, what approaches might exacerbate them).

In this what follows, I discuss the concept of the neighbour as a health risk. I consider the ideas that ground the notion that other people can be bad for us, and I talk about what version of health allows for such a notion to find its home. I do this through analyzing what underlies talk about neighbours as a risk to our health and I try to show the version of the world that this kind of talk takes for granted. In this paper I am attempting to uncover the deeper problem embedded in talk about the relation between health and our relations with our neighbours- a problem that goes beyond that of how to protect ourselves from the danger of the bad neighbour.

In the first chapter, I address the idea of a deep problem, and I outline the method needed to engage such a problem. I argue that what underlies the talk is a desire to experience a knowable world, a desire that is interrupted by the neighbour, an interruption that city life allows.

I introduce ordinary talk about the bad neighbour taken from newspapers and blogs in chapter 2. I work through this material in relation to health using social theorists such as

Gadamer, Blum, Bonner, among others. I do this with a mind to strengthen the tension between the neighbour and health. I develop the idea that the neighbour can cause an experience of anxiety, which can have the effect of making one ill. Anxiety in the face of the neighbour, and attempts to deal with it can generate hysteria and hysterical solutions to the problem. I look at this hysteria with an aim to show how it is reflective of the deep problem that the neighbour, particularly in the city, exposes one to the gap between what is known and unknown. As an experience, this is both painful and frustrating. I argue that attempts to “deal” with a problem neighbour are hysterical reactions to the deep problem of an encounter with what Blum calls the Grey Zone. I attempt to show how complaints about a neighbour and hysterical attempts to deal with a problem neighbour are symptoms of the need to feel at home in the city, a place that gives a home to anxiety, and the bad neighbour as well.

In the third chapter, I develop and work out the deep problem of the neighbour through an analysis of writings by theorists Stanley Raffel and Slavoj Žižek. I formulate each theorist as providing an answer to the problem of anxiety in the face of the neighbour, and the problems this has in relation to a desire to experience a knowable world at home. In placing these theorists in dialogue with each other, I attempt to work out the problems articulated in chapter one, using the radical interpretive method (Bonner, 1998, 1999). In so doing, new and difficult questions regarding the place of neighbourliness in the city are able to emerge. I briefly discuss education and departure as possible reactions to the problem neighbour, and explore some of the practical, ethical and political considerations (Bonner 1998) of each.

In the fourth chapter, I explore the role of the city as a home of diversity in relation to the problem of feeling at home in the city. I do this through an analysis of classic and contemporary theoretical writings that can be read as articulate expressions of the problem of

the sometimes painful encounter with diversity that is part of city life, and the anxiety this can generate. As an illustration and case, I look at some talk about an unwanted methadone clinic in a middle class neighbourhood.

The fifth chapter is an analysis of the proverb “good fences make good neighbours.” I read it as an answer to the pain of the anxiety in the face of the unknown that the neighbour brings out in the social actor. I look at the proverb in terms of its implicit and explicit recommendations for neighbourliness. I look at the idea of the fence as a barrier against the influence of the neighbour, and what this kind of action does to the neighbour relation, and the problem of anxiety. I explore the proverbial fence in terms of its function of maintaining a knowable and understandable home in a world shared with the other. I move beyond questions of effectiveness and function to an analysis of what barriers do to a relational problem, and I assess their usefulness and relevance to the deep problem the neighbour presents us with in the city.

I conclude by reengaging the neighbour- even the bad neighbour- in relation to the Grey Zone of health and illness. In this chapter, the fundamental ambiguity we encounter in the neighbour is the subject, and I look at writings that speak to this ambiguity and its experience as aids in articulating such an experience, with particular focus on the Russell Williams murder case. I attempt to develop a strong orientation to health in relation to the desire to experience the known in a world where we come face to face with the terrifying unknown often.

Chapter 1. The Interpretive Paradigm and the Grey Zone

Prior to any analysis, it is worth further discussing and outlining the paradigm within which the work I do in this thesis takes place. Rather than exploring the problem of the neighbour from an empirical or objective standpoint, this work fits within an interpretive model of sociological analysis. The caveats of this way of knowing are nicely summarized in the following passage by Littlejohn¹:

For the interpretive scholar, knowledge cannot be discovered intact because reality is not independent of the human mind. Although a set of knowable events are assumed to exist, those events can be conceptualized in a variety of useful ways and can never be ascertained purely without the imposition of a set of concepts by the knower. Thus knowledge is a transactional product of the knower and the known. Different observers will see different things in the stream of events because they assign different meanings to those events and conceptualize them in different ways. What mediates between knower and known, then, is a perspective, and knowledge is always colored by that perspective. Objectivity as defined in the classical sciences, therefore, is not a very useful construct for the interpretivist (Littlejohn, 1989)

Littlejohn argues that an interpretive approach prevents any sort of objective discovery because of the caveat that reality does not exist independently of the mind. While we can assume to know an object or an event, such objects and events can be conceptualized in many ways and can never be understood without the aid of some sort of perspective. He describes knowledge in the interpretive paradigm as “a transactional product of the knower and the known.” This means that what is seen and understood depends on who is doing the understanding as different observers will conceptualize an event and assign meaning differently, depending on their life

¹ I was introduced to Littlejohn’s Interpretive-Discovery dichotomy in Kieran Bonner’s undergraduate and graduate lectures. He uses it as a way of demonstrating to students the fundamentally different ways of knowing each paradigm allows. I read this exact passage for the first time in Bonner’s (1997) study on the urban-rural divide in a section outlining his own “Radical Interpretive” approach to sociological inquiry.

experience, culture, history, etc. He argues that for the interpretive scholar, any knowledge is “coloured” by the perspective of the observer, and therefore, the kind of objectivity strived for in the scientific paradigm is not a useful pursuit.

What Littlejohn’s passage leaves us with is a notion of ambiguity that is part of anything said, studied or understood. If we accept what he says, then what is called for is a method of analysis that incorporates fogginess (as Bonner might say) into its canon. Or, put differently, what we need is a method that treats as its subject the underlying and hidden meanings that allow anything to be said, rather than a method that takes speech at face value.

A Method of Analysis

To analyze is... to address the possibility of *any* finding, puzzle, sense, resolution, answer, interest, location, phenomenon, etcetera, etcetera. Analysis is the concern not with anything said or written but with the grounds of whatever is said – the foundations that make what is said possible, sensible, conceivable (McHugh et al. 1974, 2)

McHugh et al (1974) offer a version of a social analysis that is concerned with the foundational knowledge that makes any speech possible or sensible, rather than the speech itself. I will attempt to formulate this thesis in the spirit of their version of analysis. The work for this study will also draw heavily from the similar traditions of “radical interpretive sociology” developed by Bonner (1997, 1998), and the phenomenology and hermeneutic inquiry outlined by van Manen (2007). For the sake of simplicity, I will refer to the above-mentioned methods as interpretive methods. I should also point out that my use of the term interpretive methods is specific to the (“radical”) traditions above, and I am not merely referring to all qualitative work in sociology.

That this is not a traditional qualitative study should be emphasized. While I conducted a few informal and short interviews, the material I analyze comes from many sources: scholarly works, newspapers, blogs and fiction. My interest is not to test any claim made in the data I am using, but to uncover the various hidden assumptions, which would allow anyone to understand a particular claim as a sensible one to make. Thus, to say, “x is a bad neighbour and he’s ruining my life,” is grounded in a certain understanding of the dependence of one’s health on one’s relations with others, especially those with whom one has frequent contact with, such as a neighbour. The statement is also grounded in a specific understanding of what a neighbour is, what it is not, what it could possibly be, and what it should be. On one level, my analysis is intended as an examination of what makes possible the understanding that a bad neighbour might make us ill, but it also is an attempt to examine and demonstrate what it means to theorize.

If to analyze is to address the possibility of anything said, then anything said opens itself up for analysis. The quality of the analysis under these auspices cannot be tied to an external notion of the accuracy of data. Good data can no longer be defined as that which best reflects something real. Good data are good insofar as they animates the ambiguity that is at the heart of anything said. The rigour, so to speak, in this work lies in the authors ability to theorize, which, according to Bonner (1997) involves saying something about the subject of inquiry, and at the same time, being reflective about how one’s own conceptualizations influence what is seen as significant. Thus the quotes that introduced this chapter as well as material from blogs, social theorists and fiction provides an opportunity to re-engage the problem of the place of neighbourliness in relation to health in city life.

The Grey Zone

What the above method leads to is a recognition of the fundamentally ambiguous nature of any object, be it health, city or the neighbour. The nature of any speech is that it hides the grounds that allow it to be said in the first place. My treatment of the texts I analyze and my orientation to the problem of the neighbour as a health risk comes from a theoretical framework that recognizes the enigmatic character that underlies all interpretations and descriptions of any phenomenon- be it health, illness, neighbours or city life. The method of analysis that I use in this paper assumes that any speech about any phenomenon references something fundamentally ambiguous and never completely comprehensible. The following quote, taken from the CHIR proposal for the Grey Zone project, shows Alan Blum's notion of the Grey Zone, which I also intend to take as a fundamental assumption in this paper:

The Grey Zone is not a physical location but an interpretive space, the irresolute aura of metaphysics that is 'interior' to any conclusive action and that haunts it as an unspoken background. The Grey Zone is necessary in the sense that all action and interpretation has to assume matters that it cannot master through further information retrieval and computation, matters of value and relevance that remain unstated presuppositions in its decision-making and calculation of options and risks.

This definition points to a version of the nature of human action and interpretation which relies on assumed but unarticulated understandings of what is valuable and important, as well as what is irrelevant. The Grey Zone of health references the idea that health is one such area where an understanding of what it is cannot be reached solely through empirical investigation. In fact, as Gadamer (1996) points out, the act of quantitatively measuring health has the effect of making the one whose health is measured, unhealthy:

The fundamental fact remains that it is illness and not health which 'objectifies' itself, which confronts us as something opposed to us and which forces itself on us.... Once again we must address the fact that the real mystery lies in the hidden

character of health. Health does not actually present itself to us. Of course one can also attempt to establish standard values for health. But the attempt to impose these standard values on a health individual would only result in making that person ill. It lies in the nature of health that it sustains its own proper balance and proportion. The appeal to standard values which are derived by averaging out different empirical data and then simply applied to particular cases is inappropriate to determining health and cannot be forced upon it.
(107)

The experience of health, according to Gadamer, allows forgetfulness on the part of the actor. The natural state of balance that characterizes health keeps it from objectifying itself to the actor in the way that the disturbance of illness does. Thus, attempts to understand health objectively through empirical measurement, cannot account for a true (whole) version of what health is, and they can in effect destroy the experience of health (the ability to forget about it) by unnaturally imposing the objective standards that health resists. The implication is that empirical knowledge can measure symptoms, but cannot adequately account for what health is, even though it relies on some common understanding of the nature of health.

In the following chapters I explore the Grey Zone of health as it appears in conflicts with neighbours that are symptomatic of an underlying deep problem of the anxiety we experience in any encounter with the unknown. The chapters should be regarded as distinct in terms of the cases they present (neighbours in the city, theoretical discourse sharing the world, a methadone clinic, the proverbial fence, and the truly horrifying neighbour) but each is tied together by the theme of bringing to the fore the deep problem of the fundamental gap between the known and the unknown, and the anxiety in the face of this gap. The analysis seeks to develop a healing orientation to anxiety rather than adopt an approach that seeks to get rid of it.

Structure of the Chapters

I should speak here to the fact that this thesis is not organized in the traditional way that many works of sociology are. Sociological studies often follow a standard format beginning with the introduction, the establishment of the problem and research questions, a chapter on theory, a chapter on methods, chapters where data is analyzed, followed by a conclusion. My thesis is not structured in this way for a variety of important reasons:

First, my research was more generative than inductive or deductive in particular. What I try to do in this work is look at the problem of anxiety in the face of the neighbour as it appears in talk about neighbours. The problem needs to be kept alive and confronted throughout the work, rather than stated at the beginning, and “solved” in the end.

Second, part of what makes this kind of work distinctive is the interrelation between theory and methods (Bonner 1998, 1999). To separate a discussion of theory from method would be to go against the reflexive principles that I am trying to demonstrate. To separate questions of theory or method from the analysis of material itself would do the same. My thesis should be seen as engaging theory, method and analysis in to a single narrative on the problem of the neighbour. In so far as it can be understood as orienting to the problem of anxiety in the face of the unknown, theory needs to be placed directly in a conversation rather than outside of it. Theory and methods inform analysis, and the data analyzed informs the kinds of method and theory which is used (Littlejohn 1989). To separate each in to different chapters would be artificial and it would be in contradiction to the fundamental assumption that both theory and methods are tightly interrelated (Bonner 1998, 1999).

Third, this thesis as a whole examines the problem of anxiety in relation to the neighbour along the lines of the hermeneutic circle (see Bonner 1998). This reflects an

orientation and commitment to look at the problem of the neighbour from moving back and forth between the general and particular. What begins to develop resembles more of a story or a conversation than a scientific study. As Bonner puts it in describing why he chose to write his book *Power and Parenting* in a conversational format:

Because interpretation is guided by the concern of allowing the phenomenon to speak to the interpreter, my narrative stimulates the process (as against the mere result) of uncovering the problem of power in contemporary parenting. Conversation brings together the personal style, the theoretic approach and the practical content. What this process looks like becomes more apparent as the narrative proceeds (1998, 152).

While it might appear illogical or haphazard to anyone with a strict version of how a thesis in sociology should look, there is a real logic to how I lay out my work in this piece, as well as the kinds of material I use. What I sought to do was bring different theories in to conversation with each other about the problem of the neighbour. The following three chapters, the first on neighbours in the city, the second, a discourse between Raffel and Žižek and the third, theory on the city and talk about methadone, should all be seen as showing a problem – that of anxiety in the face of the neighbour. The two chapters which follow deepen this conversation to include notions of how we should act, and how we should heal in relation to the problem of the neighbour. The logic is in where each story fits in the narrative, rather than its classification as a certain kind of talk (e.g. methodology or theory) and everything I analyze was selected in terms of how it allowed ambiguity and the Grey Zone to appear in a particular way. While the scientific paradigm would see this as problematic, this is how knowledge in the interpretive paradigm is developed, and the conversational style appears far more logical under such a lens.

Chapter 2. The Neighbour as a Health Risk

Quote A

In many neighbourhood surveys ... individuals expressed concerns related to the types of people or behaviour in the neighbourhood: for instance, the need for more homeowners, and a dislike of street people and antisocial behaviour.... Additionally, individuals living in areas where they feel unsafe may deem those areas unhealthy for themselves and others (i.e. they may feel anxious and restricted in terms of their freedom to get about). Safety is related to quality of life, neighbourhood satisfaction and social capital ...

Chappell and Funk, 2004

Quote B

Neglected neighbourhoods and untrustworthy neighbours may be bad for your heart. In a large study of middle aged adults, Harvard researchers found that women were more likely to develop calcification in their heart arteries if they lived in such deprived environments compared to women who lived in more well-to-do and cohesive neighbourhoods.

Montreal Gazette, July 2010

The idea that your neighbour affects your health underlies many of the current public health campaigns against everything from the use of pesticides to smoking on patios, to the flu vaccine. Such campaigns share an interest in protecting oneself from those nearby (the polluter, the smoker, the cougher), and protecting others from the self (in reminding that our actions affect our neighbours, families and children). Quotes A and B above reference the health risk presented to us merely in having a neighbour who is disagreeable- even if his or her disagreeability does not come from her being infected with the flu, or being a smoker, or a user of pesticides. These two studies reflect a notion that people who are simply not like us – the antisocials, the street people, the untrustworthy, the renters, and anyone else who may not be easy to like – can be spoken of as presenting a risk to our health. In this chapter I work through talk about the bad neighbour with an aim to uncover the deeper problem that such talk

conceals. I argue that the deep problem embedded in such material is an encounter with the unknown that generates anxiety, hysteria and hysterical attempts at a solution.

Health

Health connotes a natural balance and harmony, and it is experienced when we are able to forget it. What needs to be worked out immediately in any attempt to understand health is a way of understanding that would lend itself more naturally to a concern for health than illness.

While enigmatic, we do actually experience health, in the form of a general sense of well-being (Gadamer, 1996, 112):

Despite its hidden character health none the less manifests itself in a general feeling of well-being. It shows itself above all where such a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are put on us. This is what health is.

We can translate this sense of well-being to an experience of openness or freedom. Free from a particular illness, but also free to live the way we would like. The freedom in health comes from being able to ignore health all together. In Gadamer's words, health is "a condition of inner accord, of harmony with oneself that cannot be overridden by other, external forms of control" (1996, 108). That is to say, when we are healthy, we are not thinking about how we feel and it is when our freedom to simply "be" is challenged – by pain, by a symptom, etc. – do we begin to talk about illness. Illness therefore is experienced in terms of the limits it places on the freedom that underlies the experience of health.

The Neighbour

Neighbour *n*

1) a person, institution, etc., resident or established next door to or near or nearest to another

2a) a person or thing near or next to another

b) a country etc. adjacent to or near another.

c) a resident of such a country etc.

3) a person regarded as a fellow human being, especially as entitled to kindness, compassion, consideration, etc (Canadian Oxford Dictionary, 1998)

Neighbours can be individuals or institutions. They can be defined through a notion of physical placement and depend on a notion of residency or placedness. Neighbours can be groups and individuals in groups. Parts one and two of the definition contain a recipe for recognizing neighbours. Part three of the definition is more political. Whereas the first two parts show how we recognize a neighbour, the third shows how we treat a neighbour. Thus a neighbour can be a “person or a thing” but the word neighbour implies also a fellowship and an entitlement to kindness compassion and consideration on the part of others. Thus, the statement “we are neighbours” seems redundant as fact (if we are next to each other, it should be obvious) but useful as a political appeal (in remembering we are neighbours, let us behave respectfully towards each other).

The concept of the neighbour implies a relation, and it implies sharing. The above statements formulate the neighbour as a risk to health in situations where sharing is not easy – either because there is not much to share, as in the case of poor neighbourhoods, or when the people we are to share with are completely other to us. Both quotes describe a desire to be among similar people, and the assumption seems to be that in turn individuals will feel safer and therefore healthier.

It seems that the talk in quotes A and B relies on an assumption that there is a relationship between health and the extent to which we feel at home. Feeling at home seems to rely on a notion of freedom to be ourselves, and to conduct ourselves without consideration of what is other to us. Otherness (in the form of a homeless person, renter or a bad neighbour in quote A presents more than an annoyance, but a stress which can negatively impact our physical and mental health. In the context of the city, where diversity and otherness are definitive of the urban way of life, the above quotes can be formulated as showing a concern how one is to experience being at home in the reality of a shared and diverse world.

Freedom and Progress in the City

The city can be seen as a site of technological advancement and it has been described as perhaps the one and only place where individuals can experience true freedom (Simmel 1971). In contrast to rural or suburban areas, the city is characterized by diversity and difference among individuals. The promise of the city for health is thus: Insofar as an experience of health requires an experience of freedom, the city provides a place to live healthily through providing a place where we can be truly free. Insofar as an orientation to health is an orientation to its maintenance, the city as a site of technological advancement in health care offers itself as a place where anyone concerned with keeping healthy might want to situate themselves.

According to Georg Simmel, the city “assures the individual a type and degree of personal freedom to which there is no analogy in other circumstances”(1971, 332). The implication is that there is no other kind of place that allows one to be as free as in the city. To accept personal freedom as a condition of city life makes the notion of a suburb with certain “urban qualities” (characteristics) as an appropriate home for the individual who is committed to personal freedom, nonsensical. In other words, the recognition that freedom is a condition of

the city reveals that a commitment to personal freedom requires also a commitment to the city as a place that allows this freedom to be recognized.

And yet, we are bombarded with images such as those in quotes A and B: Images of the city as a place of disease and danger; as a place that creates the very health problems it has become a place for solving. The city has a reputation of putting the health and wellbeing of its residence more at risk than if they were to live in the country (Herzlich 1973). This idea is at the heart of talk about the effects ones “way of life” can have on health. In being a home for diversity, intellectual and technological advancement and freedom, city life seems to produce a degree of stress not found in less populated settings. And stress is known to negatively affect both mental and physical health (Herzlich 1973, DeLongis et al 1988).

Hysteria in the face of the Neighbour

The following is an analysis of a story printed in the New York Times, which deals with the ordinary problem of bad neighbours in the city.

His worst experience unfolded in the Brooklyn Heights co-op he bought in 1997 and shared with his wife and two children: their upstairs neighbor’s newborn baby began crying for four to five hours a night.

“We were hysterical,” Mr. Splendore said. “We went upstairs and said, “Is there anything we can do to help you?”

The neighbors reacted defensively. “They started to avoid us,” he said. “They were obviously not having any sleep either, and they were irrational.”

The baby finally calmed down, and that family finally moved on. In came a single European woman. “She just has no concept of how much sound could travel,” Mr. Splendore said. “She used to play rock music really loud.”

At other times, there were other noises, equally disturbing. “It sounded like she was dragging trunks,” he recalled. “And she wore big platform shoes that she would take off when she got home and throw them across the room one at a time. We literally waited for the shoe drop.”

A board emissary was dispatched, to little effect. Two months later, Mr. Splendore was startled awake in the wee hours by a ‘gigantic crash’ overhead. He swore, leapt from bed and tore upstairs.

“It sounds like the end of the world is going on here!” he said he told his neighbor when he confronted her at the door.

The neighbor apologized for dropping her television from what Mr. Splendore believed was a ladder. But he and his family had finally had enough. They sold the apartment and bought a house in Bay Ridge.

(From *New York Times* article “The Last Straw” by Teri Kaursh Rogers, October 22, 2006)

I use this story as my entry into an analysis of the problem of the neighbour, because it demonstrates the tension between a desire to live in the city, and the desire for a peaceful and quiet home, something rarely experienced in city life. The story itself captures the frustration and hysterical reactions our neighbours can bring out in us, especially we experience their intrusion. Depending on how we read Mr. Splendore’s account, we can arrive at different conclusions as to who the bad neighbour is in this scenario. If we subscribe to his account somewhat unreflexively, we can see him as a victim in a very pure sense. Here is a man who cannot find peace in the very place he needs it: his home. He paints a picture of practically being tortured by neighbours, and even though the torture techniques are mundane every day actions like a woman removing her shoes- most readers are able to relate to his plight. We feel for Mr. Splendore because we can relate to his desire to live in a home free of disruption. The home is where we perform many of the activities related to our survival and well-being. It is where we eat, rest, sleep. It is where we can have relief from the hectic and dangerous world outside. Thus the disturbance to one’s home is more than a mere annoyance. It is an injustice.

Mr. Splendore can be understood as someone who is suffering from an act of injustice. His neighbours, in robbing him of his right to peace and quiet in his own home can be formulated as perpetrators- even though their actions were in and of themselves, not particularly malicious or illegal.

Stories like Mr. Splendore's are the inspiration behind online communities dedicated to voicing concerns about bad neighbours and finding solutions to the problems caused by having bad neighbours. The British site *Neighbours From Hell in Britain* (NFHiB) which claims to be the world's most popular website for people dealing with problem neighbours, describes itself as an online community that:

exists to enable people who are suffering with similar problems to come together as a voice for change and most importantly as a means of supporting one another through what can be truly awful times that are often both physically and mentally exhausting.

-NFHiB home page

NFHiB contains hundreds of similar stories to Mr. Splendore's, and sets out to raise awareness of the seriousness of the problems having a bad neighbour can cause:

When you've got a neighbour who makes a lot of noise it's no joke, noise can intrude into every area of your life and can literally assault you with its un-consenting effects.

Excessive noise affects your quality of life, it makes you jumpy, it makes you irritable, and it can prevent you from sleeping and cause many stressful side effects.

Noise has many forms - for most people who are living next door to a neighbour from hell, it'll be the boom boom boom of the heavy stereo music, the shouting and conversations they can maybe hear from their neighbours, the banging, crashing, DIY noise, car noise, car/house alarms, noise from parties and other gatherings, wooden floors, the list can go on and on.

-<http://nfh.org.uk/resources/Articles/noise/index.php>

A noisy neighbour is akin to a rapist: he intrudes and assaults you without your consent. A noisy neighbour is like a bad drug: he can make you jumpy, he can deprive you of sleep and cause stressful side effects. The noise itself, despite any reason for such noise is what is harmful and, according to this article, what needs to be taken very seriously. The article allows us to see Mr. Splendore as a man made sick by his neighbours. The crying baby, the girl's music, the throwing shoes, the dragging, the dropping, are all kinds of noise that have intruded

on his life and caused him considerable suffering. His two outbursts at his neighbours seem justified, and the fact that he and his family eventually moved from the building resonates as completely unfair.

We can also imagine a somewhat different account of Mr. Splendore if we consider things from the point of view of his neighbours. Beginning with the couple and their newborn child, we have a situation of a man who is certainly not very understanding of the *normal* (though still disturbing) noises a baby is apt to make. Clearly, the building did not have an adult only rule (Mr. Splendore also lived there with his children), therefore it was likely to be a home for people with babies. And with babies, comes noise. This would be something Mr. Splendore would have to accept and prepare for, if he can be considered a reasonable man. We can relate to the defensiveness of a young couple, harassed by their neighbour for something that really is not in their power to control. Even in his own account, Mr. Splendore admits to being hysterical when he confronted the couple. Knowing this, his question “Is there anything we can do to help you?” reads more like an insult (“what is wrong with you that you can’t keep your child from crying every night?”) than an offer of assistance. Not to mention that any reasonable person should know that often there is nothing we can do to stop an infant from crying her eyes out.

Mr. Splendore easily comes across as someone who is oversensitive to noise and perhaps prone to exaggeration. Such a type was described in another *New York Times* article:

Like teenagers who cannot bear the sound of their parents chewing, New Yorkers, stacked one on top of another, have noise issues that no amount of nirvana and Integral Yoga will overcome. They raise their eyes to heaven as the neighbor’s 4-year-old dumps out a crate of Legos; they accept that on Superbowl Sunday, they will hear groans and cheers from apartments on all sides. But New Yorkers do not want to hear any noise at all after 10 p.m., the magic time when the standard lease and co-op bylaws assure “peaceful enjoyment” of an apartment. (Lee 2001)

In this light, Mr. Splendore can simply be categorized as another unreasonable New Yorker, who is destined to be upset by pretty much any noise. It is almost as if there is no hope for him, and if we think about him as unreasonable and oversensitive, he does not really fit the picture of a character we would even want to help. He seems self-centered to the extreme (he cannot even put up with someone taking off their shoes once a day), quick to anger, and intolerant of human error (displayed by his willingness to yell at a woman who accidentally dropped a television). Eventually he gives up and moves to a house in Bay Ridge. Good riddance.

The point here is not to hash out every possible interpretation of Mr. Splendore's actions or the actions of his neighbours. I am not arguing that any account is more just. They can all be considered true, depending on the lens of the interpreter (Bonner 1998, 1999). What is interesting in the case of Mr. Splendore and the possible interpretations of the case, is the underlying problem one is faced with in his or her relations with neighbours. In both versions of this story, actors are faced with a situation that forces them to work out a version of how one should live in their home. This includes ideas of the actions considered good, acceptable, and unacceptable in relation to those with whom you share a space. Problems arise when actors adhere to and act on conflicting versions of the right way to live. Thus, in this case, one neighbour's idea of the right amount of noise might be experienced as an invasion akin to physical assault, and one neighbour's particular tolerance levels might seem discriminatory and hateful.

If we resist taking sides in this case what begins to appear is the problem that living closely with others is potentially painful. Pain is often experienced in situations where one is prevented from enjoying their home. If the home is a place for the individual to shed the roles she takes on in public life and simply "be herself" than an enjoyable home is a place that allows

for an enjoyment of the unfiltered self. The disruption of the enjoyment of the self then is understandable in cases where people are restricted in terms of how much noise they can make, or people who are affected by too much noise from others.

The neighbour, therefore, always reminds us that even in our own homes we need to restrict the actions that might make us feel the most at home (blasting music, trampolining, vacuuming at 6am) and at the same time, holds the potential to impose themselves on our life should they choose not to (or see no need) to limit their own actions to the point that they do not affect others. This realization allows us to return to the Mr. Splendore case and treat it in a way that goes beyond simply seeing different perspectives. The case reflects a problem requiring a deeper analysis than deciding who is in the right. City living requires a daily encounter with others, this is one of the aspects that makes city life interesting, vital and desirable. But as the Mr. Splendore case shows, the experience of sharing a space with a neighbour can be a painful experience. The presence of the neighbour always puts at risk one's ability to feel at home, and consequently one's health. We can now ask how one can embrace city life with the problem of health in relation to one's neighbours in mind. This task requires an examination of how we are able to experience a home in the city, and the relation of neighbours to such an experience.

Neighbourhoods

In the city, we are able to speak of a neighbourhood not only in terms of its physical boundaries or the district it occupies, but in terms of the community it supports. Neighbourhood means more than an area or a space, it refers also to a culture that exists within such a space.

Neighbourhood implies closeness in the realm of what is both physical and immaterial. While physical proximity is what makes the neighbourhood, we rarely hear neighbourhoods talked

about as simply physical spaces in the city. Often they are characterized by something that unifies those who call the neighbourhood home, but make the neighbourhood particular from other neighbourhoods- i.e. the gay neighbourhood in Vancouver's West End or Toronto's China Town. In other words, part of what defines any neighbourhood is the type of person who calls it her home.

In light of this, we can now see neighbourhoods might serve a deeper purpose in the city than dividing something large in to smaller and more manageable parts for garbage collection days or elections. Neighbourhoods make it possible to experience being at home in spite of the monstrousness diversity of the city. The familiarity that defines a neighbourhood offers an answer to a desire for a knowable world. The concept of the neighbourhood is able to buffer the alienation that accompanies the freedom allowed in the city.

Gadamer brings up Hegel's argument that "making oneself at home in the world" is constitutive of humanity. Humans have the desire "to be at home with oneself, secure from any threat of danger, surrounded by a familiar, understood and understandable world where one can feel free of anxiety" (Gadamer 1996, 154). What is beginning to develop is a conversation about the connection between health and feeling at home in the world. Gadamer whose main thesis holds health as fundamentally enigmatic, talks about how the meaning attached to health lies in an experience of balance and proportion (1996, 107). Illness on the other hand objectifies itself, and in Gadamer's terms "forces itself on us" (1996,107). There is a connection between the desire to be at home with oneself in an understandable world and health, if we consider health as a sense of balance. The notion of being at home, like the notion of balance implies a settling in. Settling assumes a natural balance, as if everything moves to its right place. Our home allows us to be balanced, to feel secure and to experience the familiar.

An interruption to the familiarity of the home, like illness, objectifies itself, forces itself, confronts us with something other. The neighbour who blocks our hope of feeling at home in the world, a hope that we have for the neighbourhood as a home, can then be formulated as a health risk.

This is the deep issue of the bad neighbour: They generate an anxiety that disrupts our need to feel at home. We can now start to understand what makes possible talk about the neighbour as a health risk. The implications of quotes A and B and the Mr. Splendore story seem to be that a good neighbourhood is good for health, that a good neighbour is good for the health of a neighbourhood. The neighbourhood becomes unhealthy in the presence of a bad neighbour, and a bad neighbour is one who makes your home strange. This recognition allows for a deeper interpretation of any material describing adverse effects of bad neighbours on health and its experience.

Concerns about types of people are concerns about health. Each quote justifies these by citing evidence – survey responses in quote A, and medical results in quote B. Contained in both is the unrecognized and unintended implication that to live well means to live with others who are like us. The neighbour as a health risk retains a status as something near, albeit undesirably so.

Solutions begin to appear in the form of education or departure: The undesirable neighbour can be educated to fit in, rather than disturb the sense of being at home; they can be made less strange. The neighbours who see their health as at risk can be educated about their neighbour, this assumes an understanding that he is not so different will allow them to feel safer in his presence. One whose ability to feel at home in the neighbourhood can leave, or they can force the neighbour (health threat) to leave. As solutions, these all deserve due

consideration – which I am not able to get to in this paper, but which I will consider later in the larger body that this paper will make up. What is important at the moment is that the problem of the neighbour as a health risk (or conversely, as a benefit to health) formulates the neighbour in a very specific, and potentially dangerous way.

To recognize otherness (in the neighbour) as a health risk and act on it as a health problem means a depoliticization of the problem the Neighbour represents. Recalling the definition of the neighbour introduced earlier in this paper, to call someone a neighbour can reflect a political and ethical position. Part of the recognition of a neighbour is a recognition of our duty to the other – a recognition of their *entitlement* to kindness, compassion and consideration. This version of the neighbour is lost in talk that formulates only the risk they present to health.

Hysteria and Hysterical Solutions to the Problem of the Neighbour

If we return momentarily to the Mr. Splendore story and the complimentary articles on the bad neighbour presented with it, we can see a danger inherent in a relation with the problem neighbour. The Neighbour has a potentially hystericizing effect on us. What is interesting here is not the possible reactions to any neighbour, but why we react hysterically to the problem neighbour. When I use the word hysteria I am talking in a theoretical rather than medical sense though I use it to describe material that reflects Freud's version of the hysterical symptom (1955). Hysteria in this study refers to any speech that contains an element of psychological stress that is converted in to a physical symptom. For example, in terms of a character like Mr. Splendor, we could call him a hysteric because of the sheer volatility of his anger in reaction to everyday (albeit annoying) activities of his neighbours. I acknowledge that there can be more than my interpretation of Mr. Splendore's reaction. My use of him as an example of hysteria in

the face of the neighbour is not to objectively diagnose but to explore hysteria and its possibility as a phenomenon.

What we can learn from the Mr. Splendore case is that the hysterical reaction to the neighbour is brought about in an experience with helplessness, or as Bonner might say, an encounter with the limits of human action. The solution to the problem of the neighbour can be considered hysterical when it ignores the underlying problem, say our limits, and seeks to provide a solution to the symptom. In this case, Mr. Splendore's deep problem is not that he doesn't like his neighbours. His problem is the pain of an encounter with otherness. This is not a problem specific to Mr. Splendore, but a problem of collective life. His attempts to deal with his neighbours, can be seen as instances of treating the symptom rather than the real problem, the pain of living with others, and living with others is part of the human condition (Arendt 1958). His final solution, moving, can be understood itself as a symptom of the deep problem of not knowing how to deal with otherness. Departure in response to the pain of an encounter with otherness does nothing to heal that pain, nor does it better equip the social actor to orient to otherness in a way that allows some element of coping with pain.

Chapter 3. Sharing, Health and the City

In his article, *Health and Life*, Stanley Raffel builds on Arendt with the aim of showing how a positive attitude to the fact that to live is to have been given certain things in advance before we are able to decide if we want them: life, existence in a world of things and other people. For my purposes here, I will look at one of the three givens Raffel brings in from Arendt: before we can decide whether we want to share the world, we are faced with other people who have been here before us (Raffel 1985). Simply put, living in this world means sharing it with others. That they have been here before us alludes to an inequality in this sharing relationship, and Raffel discusses how such inequality brings out an urge to catch up. Yet he is critical of this urge, pointing out that the experience of someone or something being before us characterizes not only our relations with others, but our own life (we do not decide whether we want to be born), and therefore to orient to catching up is a futile and frustrating experience- we cannot engage in a competition with ourselves (Raffel 1985).

He shows how the negative in the experience of sharing reveals itself if we see the world in terms of what we could have if others were not there first to use and use it up:

Whoever we might be, other people do seem to have an advantage, a headstart over us. The most obvious way to express this undeniable fact of life is to point to the unequal distribution of material resources, whether physical attributes like strength or looks, natural abilities like talents or mental facilities, possessions such as money or other forms of wealth (1985, 154).

Raffel argues that if we remove the instinctive (but unhealthy) urge to compete with others we are left with is a more positive interpretation of the condition that others are here before us:

when we experience that other people have been there in advance, all our experience most basically means is not so much that other people have the edge on us as simply that there *are* other people or, to put it more positively, that we are not alone or, to put it even more positively, life offers a built-in cure for loneliness because of the sheer existence of others of our kind (1985, 155).

Raffel has taken the given of a shared world, and shown that it can be seen both negatively and positively, and urges the latter is truer to the condition. Why does he choose to be positive when the experience can be seen as instinctually negative? And why does he choose something easily experienced as negative in order to talk about health, something that finds a home in the realm of the positive? It seems that what Raffel's speech shows us, is that an orientation to health comes in light of something that can or does influence our life in a negative way- in this case that we share the world. It is because this sharing does not present itself as obviously a good thing that we can take what he calls "a healthy attitude" towards it, and actively think about health in relation to others. In talking about our relations with others, Raffel is showing us a picture of and an argument for what it means to be healthy (the capacity to develop a positive attitude toward what we are given), and his talk suggests that being healthy requires something more negative given to us first: a threat. The threat makes the active healthy orientation possible. This can be illustrated if we think about the absurdity of working out a healthy attitude to something instinctively positive. You will not find many self-help books on how to cope healthily with something as enjoyable as a good night's sleep.

So, Raffel's discussion of Arendt shows us that part of life is that we have to share, but we can be optimistic about this. We "do not have to be lonely here," (1985, 155) because of the existence of others. But if, according to Raffel, it is in our very nature to compete with others, how do we reject that? Raffel says that this realization can happen "if we free ourselves from any instinctive competitive urges with regard to others," (1985, 155) but, again, if our instincts are part of who we are, how can we become free from them? These questions reveal that while optimism, in its orientation to what is best, is close to health, the work of optimism in its purest

form hides the negativity and frustration that allows it to develop in the first place. While Raffel correctly shows us that an orientation to what is positive “has at least the glimmer of an interest in health since health involves maintaining a thing at its best,” (1985, 155) his talk should and does not lead to the conclusion that being an optimist is equivalent to being healthy. After all, what kind of version of health is that which is only oriented to seeing the bright side of a bad situation?

Raffel calls on us to remember that while the fact that others were here first is experienced as limiting, the fact that others are here, is at its base a positive thing because it provides “a built in cure for loneliness”. This brings up the question of how we can even know loneliness when one of the conditions for existing is that we are never alone? While sharing the world with others has hardly been able to prevent the existence of loneliness, there is something to love about others, in that their existence holds a key to a cure.

The paradox that we need to be with others who at the same time force us to experience limits has been taken up in several writings by Slavok Žižek. If we can thank Raffel for showing what it looks like to develop a positive outlook on having to share the world with others, we can thank Žižek and his discussion of the neighbour for animating the negative. In other words, Raffel gives us what might be understood as some incentive to love our neighbours, but Žižek reminds us how close to impossible this can often be. This is clearly an argument in his discussion of the Ten Commandments in his book *The Fragile Absolute*:

... when the Old Testament enjoins you to love and respect your neighbour, this refers not to your imaginary *semblable*/double, but to the neighbour *qua* traumatic Thing. In contrast to the New Age image which ultimately reduces my Other/Neighbour to my mirror-image, or to a step along the path of my own self-realization (like Jungian psychology in which others around me are ultimately reduced to externalizations/projections of the different disavowed aspects of my own personality), Judaism opens up a tradition in which an alien traumatic kernel

forever persists in my Neighbour – the Neighbour remains an inert, impenetrable, enigmatic presence that *hystericizes* me (2000, 109)

Others, or in Žižek's terms, neighbours bring with them a kernel of healing- the promise that we “do not have to be lonely”, according to Raffel. But according to Žižek, the concept of the Neighbour, in the Judaeo-Christian sense refers to something at its core so other to oneself that its very presence brings out hysteria.

By speaking of loneliness as having a cure, Raffel shows how the suffering attached to being alone is akin to illness. This illness has a built in cure: other people. But seeing others for what they are- as other to us, rather than projections of oneself- comes with its own set of problems, with their own potential to throw off the balance of health. To suggest Žižek's version of the Neighbour as an enigmatic, impenetrable, traumatic “Thing” can be a cure for loneliness seems, at first, to make as much sense as reminding child who is afraid of being alone in the dark that she at least has some monsters under her bed to keep her company. ...The problem of the Neighbour is actually a problem with difference – a difference that is fundamental rather than subjective, and therefore cannot be escaped no matter how much you learn about each other or how much you get along.

It is also useful to remember that loneliness is not reserved for people who are physically alone in the world. In fact, it often comes out of the experience of being different. Thus, if the Neighbour reminds us of our fundamental differences, then the understanding that we share the world is a simultaneous realization that we are also very much alone in it if we so much as try to understand those others we share it with. It is in this realization that we can see the Neighbour emerge as a risk to health, if being healthy is defined by ones ability to be

forgetful, because the Neighbour reminds us of our limits and threatens our experience of freedom in the world.

In fact, following Freud and Lacan, Žižek argues that the order to “love thy neighbour” in the old testament is problematic not because people will always have differences amongst each other (i.e. different perspectives that colour one’s view and govern one’s values making love for someone else difficult) but because the Neighbour resists any universal dimension (2008, 56). It is in a relationship with the neighbour that we experience the gap between what is known and the unfathomable and irresolute unknown (2008, 56). In resisting the universal, the Neighbour makes possible the recognition of loneliness instead of providing us with its cure. This is deeply the health risk contained in the problem of the Neighbour: Her enigma, her otherness, is a terrifying and stressful reminder that we are alone in a world that we will never truly be able to understand or feel at home in. This allows for another formulation of the neighbour in relation to anxiety. Specific anxieties about ones neighbours seem to reflect a general anxiety suffered in the disturbance of a knowable world.

On one hand we have the fact that there are neighbours as holding a cure for loneliness, on the other hand the Neighbour contains an experience of the gap between what is known and the unknowable, which manifests itself as anxiety. The cliché “you can’t live with ‘em, can’t live without ‘em” is a tempting conclusion. But to end there would be to give up on health altogether. Taken seriously, the cliché suggests that we are in a position that makes living- let alone living well- pretty much impossible. The reality is that we *do* live with neighbours and that we *cannot* choose to live without them. The question that considers the dimension of health becomes one of how do we live well with others, in spite of the anxiety we’re faced with in any encounter with the Other.

Freud's answer to the question of how one is able to heal an illness connected to one's circumstance in life that cannot be altered is relevant here:

You will be able to convince yourself that much will be gained if we succeed in transforming your hysterical misery into common unhappiness. With a mental life that is restored to health you will be better armed against that unhappiness (Freud & Breuer 1978, 393).

Note that Freud's version of healing does not exclude a notion of pain, and in fact, pain itself (the true pain, rather than the false pain expressed in the symptom) is needed for health in a way that goes beyond allowing a definition of health through what it is not. Contained in this answer is a version of healing that comes from a transformation. The concerns in quote A about the anxiety caused by a "bad" neighbour can be transformed to reflect the universal anxiety in the face of a world whose incomprehensibility reveals itself in our experience of sharing it with others. The belief that renters and street people are bad for one's health can be transformed into a problem of not knowing how to deal with the anxiety brought on in the face of otherness. Such a transformation would resist solutions or cures designed to mask or get rid of diversity in a neighbourhood. To be at home in a neighbourhood requires being at home in a world of more than just things – a world of other people. The problem becomes one of how we are to orient to health in world that allows anxiety to thrive. Or, how do we live well and make ourselves at home in a world, that, in being shared with the Neighbour, has given anxiety a home as well?

The question of living well demands a return to the positive and asks us to embrace optimism again. There must be the possibility for a good life in spite of the anxiety we are faced with in the revelation of a Grey Zone. The Neighbour as incompatible with the universal is a recognition that allows us to experience something real about the dimension of the universal. Raffel's idea of others as a cure for loneliness is revealed to stand up even in the face

of the unavoidable anxiety Žižek's talk animates. His statement "we do not have to be lonely here" implies a freedom despite our position in a world that we did not choose to share. Quite basically, the freedom in that recognition comes from embracing the positive of what we are given. Raffel demonstrates successfully that this can and should be done by someone who "has at least a glimmer of an interest in health" (1985, 155).

Chapter 4. The Bad Neighbour as a Symptom of City Life: The Case of Methadone

The previous chapters came to the conclusion that talk about a problem neighbour points deeply to the problem of anxiety in the face of the unknown. Such anxiety, brought out in the recognition of the futility in understanding one's neighbour, can generate hysterical attempts at a cure. I have suggested that such attempts are also symptomatic of the deep problem of the appearance of the Grey Zone, which itself is unavoidable. What is called for, then, is a healing relation to the problem of anxiety in the face of the unknown, rather than one that requires its elimination. The city, as a place for diversity and freedom makes an orientation to healing and coming to terms with anxiety appear as necessary and good for the actor with any kind of interest in living well in the city. Through an analysis of writings concerned with the city as a particular kind of home, this chapter explores the challenges and possibilities for coming to terms with anxiety in a place that offers no protection from it. While the city confronts us with multiple opportunities to fulfill multiple desires, the desire to experience a knowable world has no obvious solution here. I look at the tension between the opportunity for freedom in the city and the desire for a knowable world in terms of the challenge it presents to any actor committed to the value of both. I look at methadone treatment programs, enterprises often protested for being bad neighbours, as a case that illuminates these problems for city dwellers.

Methadone and Health in the City

Methadone management treatment (MMT), is supposed to offer a definitive solution to the problem of addiction in the city. Often times, however, the clinic's location is a bone of contention for urban homeowners living near such an enterprise. Methadone clinics, their

clients, and staff are often formulated by urban homeowners as a threat to the safety and quality of their neighbourhood. This moves beyond mere dislike for the drug culture that might arrive in the neighbourhood with the opening of the clinic, to an accusation of irresponsibility and disrespect for the community on the part of clinic owners.

The recognition of risk that the methadone clinic brings out in residents stimulates a conversation about the health and illness of cities and health and illness in general. As a stigma on the neighbourhood the methadone clinic takes on the appearance of something foreign and unwanted which imposes itself and disrupts the balance of health that was once experienced. And yet the clinic is in the business of restoring the health of addicts, and solving the social problem of addiction for the city.

The paradox that a clinic can be both a health provider and disruptor brings up the question of the health of methadone (and the methadone clinic as a neighbour) in relation to city life. According to some urban homeowners who live near such clinics, methadone is unhealthy for their community and it exposes their children to health risks such as needles and violence and an increase in crime. This was certainly true for the homeowners I spoke with. But studies on methadone programs have shown them to reduce violence, crime and heroin use in general (Lind et al. 2004). Methadone is often formulated as a “healthier” alternative to heroin and other opiates (Fraser and Valentine 2008). The question becomes one of understanding what deep fears and anxiety is brought out in living near a “bad neighbour” such as a methadone clinic, and how such fears are part of an urban way of life.

The tension between homeowners and advocates of methadone programs is embedded in certain understandings of the possibilities for health in the city, as well as what health means in the context of the city. The question of the (un)healthiness of methadone for both users and

the community demonstrates certain understandings of the relation between the healthy city and the healthy citizen. This becomes an issue in talk about the clinic, as well as in talk about the dangers of taking a “Not In My Backyard” orientation to the city. The question of the health of the city becomes inextricable from that of the health of its citizens, and the methadone debate becomes a debate about how one should live in the city. Such a debate requires a consideration of the place of anxiety in the city.

A Bad Neighbour in Methadone

I conducted a few short conversational interviews with residents living near a methadone clinic. Parts of these interviews are used in my analysis below, along with material from newspapers and the internet on instances of neighbourly disputes involving methadone programs. I should reiterate here that my use of interviews and other materials is not empirical. I use talk that I feel best exemplifies the problem of anxiety and the Grey Zone in the face of a “bad neighbour” in the city. It is not my argument that methadone programs necessarily damage neighbourhoods, nor is it my argument that they help them. The fact that they are understood as a threat to the neighbourhood is used as an opening to a conversation about the issues dealt with in earlier chapters.

The following are quotes from community meeting minutes regarding the “necessary relocation” of a methadone clinic, which were read to me in interviews with residents living near the clinic.

Almost all of the homes in this neighbourhood are owner occupied, several of which are the homes of families, with young children who have chosen this neighbourhood for its urban qualities and strong sense of community. [The Methadone Clinic] has brought a culture to our neighbourhood that did not previously exist: drug use, drug transactions, solicitation, trespassing, speeding and illegal parking, harassment and a reactionary police presence... There is a stigma attached to our neighbourhood because of this Clinic.

We are worried and stressed every day about what we will see, hear, or be subjected to. We are worried about the environment that our children are being exposed to.

The operation of the methadone clinic is directly impacting the safety and quality of our neighbourhood. It has created risk to personal safety and property values.

What comes out in these quotes is the fear and anxiety that is suffered in the face of the Neighbour. While they are referring to a business rather than a single person, these statements seem to echo some of the issues expressed in earlier “bad neighbour” material from other chapters. Namely, the health and stress issues that seem to accompany an experiencing of not knowing what to expect from someone with whom you share a living space. Note that the anxiety here is comes from the experience of not knowing. What these quotes reflect, at a surface level, is the problem of anxiety in relation to the unknown. In this case, the unknown is embodied by the methadone subject, the drug addict, who is formulated as an unruly, unpredictable, criminal type. Whether this is true for any, some or all methadone clients is, for this chapter, inconsequential. It is the formulation itself that is interesting in that it reflects a fear that one could have of any neighbour. The phenomena which interests me here is the anxiety, rather than the credibility of the opinions of those who are anxious.

Urban Qualities

The first quote seems to reflect a notion of urban qualities as quantifiable features that can exist or not exist in any given neighbourhood regardless of its location or size. Urban qualities appear as certain measurable features of city life, and they can be taken into consideration in buying a home. The quote describes a notion of a place to live chosen in terms of the qualities it offers the individual. It brings up an image of someone in the act of shopping for a place to buy a home, and checking off items on a list (Nearby dog park, check; bus rout,

check; grocery store and restaurants in walking distance, check.) Seeing urban qualities in this way does not contradict the possibility for experiencing a “strong sense of community” in the city, because urban and rural qualities are removed from place and treated as items that may or may not be in a space.

In this light, the mere act of buying a home is exercised by imagining the kinds of things one wants and does not want in her backyard. The implication is that one is always a kind of NIMBY. Urban qualities as measurable characteristics creates the possibility of a place that includes certain features of the urban and of the rural while excluding others. Thus the choice to live in the city does not have to mean that one accepts all of the perils thought once to be part and parcel of city life.

NIMBY as the (ir?)Responsible Citizen

We can see NIMBY both as an insult to someone’s way of being a citizen and as a version of responsible citizenship if we see it as representing a good or bad choice of what should be in a backyard. NIMBY as an insult implies that the individual wants a certain quality out of her backyard because of a misguided notion of what should be in one’s backyard. Advocates of harm reduction reflect this position. To them the good city should be inclusive and accepting, thus to exclude an addict from the picture of the neighbourhood is to be a bad city dweller. NIMBY as a version of civic responsibility reflects a different preference, in the case of the methadone clinic, a preference not to have drug addicts around a residential neighbourhood, and yet it seems to answer the same question as the NIMBY insult answers: What should we want in our backyard? A concern with property values, children’s safety, or access to treatment come in to play as different opinions on the matter.

Quality

The NIMBY expression doesn't have to be treated as something that needs to be solved. As Blum (2003) puts it: "We must sacrifice the temptation to treat the cliché as a matter which we must decide factually or argumentatively in order to treat it as the surface of an implicit discourse in relation to a problem which remains to be explored" (Blum 2003, 193). The remainder of this paper attempts to uncover and develop the problem embedded in the NIMBY discourse through a discussion of commitment to place and living with difference in the city.

The idea of urban qualities as measurable characteristics or indicators stands in contrast to the idea of the quality (excellence) of urban life. We can examine this through looking at theorists who see place in terms of its ability to foster a particular way of being in the world. Raffel (2006) develops the idea of the actor who is attached to a place "because they see the place as offering the potential to practice a principle" (105). To apply this notion to the quality of the urban, is to see its status as a place where certain values are made possible through the kind of life it allows.

If we recall Simmel's claim that city "assures the individual a type and degree of personal freedom to which there is no analogy in other circumstances"(1971, 332), the city now appears not only as a space to live with certain advantages and disadvantages, but as *the* place that enables those committed to personal freedom to live in a way that demonstrates this commitment.

If place is vital to the exercise of certain principles, and a commitment to a principle is enabled through a commitment to a type of place, the NIMBY complaint above can be moved out of the realm of deciding whether the rejection of a methadone program in one's neighbourhood is an example of proper or improper city living. At first appearing as a

description of a culture clash between the middle class homeowners and the methadone clients, the real tension is in the commitment to, and practice of, two seemingly conflicting principles.

The concept of urban quality does not exclude a methadone culture. As Simmel points out, the freedom that is the condition of city life is not necessarily an emotionally pleasant experience (1971, 334). Freedom in the metropolis comes at the price of loneliness, alienation and even the experience of danger. To leave the city (or demand that someone else leaves the city) because of an unpleasant subjective experience would be to abandon the principle of freedom that made the city desirable in the first place. To ignore the danger that a methadone culture presents to children and family life appears as irresponsible parenting. The problem becomes one of practicing what one preaches. How does one show one's commitment to the city as a site of personal freedom, while also preserving a commitment to the sense of community demanded by family life?

Simmel proposes that the unique phenomenon of the ancient *polis* must be attributed to the collision of individuality with the narrow characteristic of small town life: "The tremendous agitation and excitement, and the unique colorfulness of Athenian life is perhaps explained by the fact that people of incomparably individualized personalities were in constant struggle against the incessant inner and external oppression of a de-individualizing small town" (1971, 333). Bonner takes this up and suggests that, "the interest of modern consciousness ("questioning limits and engaging otherness") has the possibility of developing a positive relation to its limits where unregulated individuality is resisted by a sense of community and, in like manner, the oppressiveness of a de-individualizing community is resisted by the desire to make room for individual uniqueness" (1997, 29). It is the very tension between community

and individual freedom that contains the possibility for the development of a unique place for political action.

This still does not seem to solve the problem pointed to in the NIMBY talk presented at the beginning of the paper, but it does allow us to imagine another kind of place that allows a commitment to a new principle that transcends mere individual freedom or sense of community, and yet doesn't exclude them.

Returning to Raffel's talk about attachment to place, we can imagine NIMBY as strong political action not in terms of what motivates it, but in terms of its capacity to remind us of something particular: "It is certainly possible for 'the very repute of the place where we live' (McHugh, 2005:149) to be called into question and that would be when it is failing to be even close to exemplifying its own supposed principles. Those particular enough to want to remind it of what it is supposed to be should not be accused of not being sufficiently committed to it" (2006, 105).

The expression of conflict between freedom and community referenced in NIMBY talk demands a serious consideration of the meaning and relative importance of the values one is committed to. This consideration, to be serious, would have to include a notion of what is worth fighting for (having or not having) in one's backyard—not in terms of some idea of comfort or personal preference—but in terms of a commitment to a quality of place that enables quality action.

The City

If the neighbourhood was chosen for its "urban qualities" we must ask after the meaning of the urban. To do this, I look at how different theorists conceptualize urbanity. From Marx, who saw urbanization as rescuing people from idiocy, and saw also the revolutionary character

of urbanity to Wirth who attempted to empirically define the city and demonstrate the effect of urbanism on human behaviour. I will then move to a discussion of the idea that the city is nothing but a sign, which can be understood as either a beginning or an end of inquiry, and the implications of understanding it in both of these ways. I bring in material on a particular “bad neighbour” – a methadone treatment centre as an occasion to further develop a narrative that is concerned with the problem of feeling at home in the city

Marx: The Revolutionary Character of Urbanity

The bourgeoisie has subjected the country to the rule of the towns. It has created enormous cities, has greatly increased the urban population as compared with the rural and has thus rescued a considerable part of the population from the idiocy of rural life (Marx 1978, 477).

The socialistic bourgeoisie want all the advantages of modern social conditions struggles and dangers *necessarily* resulting therefrom. They desire the existing state of society minus its revolutionary and disintegrating elements (Marx 1978, 496).

Marx’s writings are grounded in an understanding of the superiority of the city as a site of development and civilization. Danger is present in both the rural and urban, though it takes on qualitatively different forms in each type of society. The danger of the rural is the danger of idiocy, of not living up to one’s potential as a human being. The city allows for this potential to be reached, but it presents a danger as well. The physical danger of the city, and the bad neighbour in the city can be formulated as products of the city’s revolutionary character. Marx argues that both are worth suffering. Not only is city life worth suffering, but, suffering the struggles and dangers of the city is a fate which must be suffered. The bad neighbour as such a struggle of city life becomes something that, according to Marx, must be encountered by an actor who leaves behind “rural idiocy” for the freedom the urban way of life allows.

According to Marx, the modern city exists because of the revolutionary character of the bourgeoisie. The cities that the bourgeoisie are responsible for creating, however, now present the greatest danger to the bourgeois class. Once rescued from rurality, the proletariat is able to know for the first time, that he is being oppressed. For Marx, this recognition was required for the proletariat class to overthrow the bourgeoisie.

Marx's criticism of the socialistic bourgeoisie can be understood as one answer to the question of health in the city. His writings point to the phenomenon of needing something, in this case, modern social conditions and feeling threatened by what is characteristic of the very conditions one need. The socialistic bourgeoisie desire the advantages of the city and yet the "struggles and dangers" which, according to Marx are a *necessary* result of modern social conditions, are something the socialistic bourgeois does not want at all.

What is the relation between the problem of the neighbour as a health risk in relation to feeling at home in the world and Marx's version of progress? For Marx, it seems like health (one of the "advantages of modern social conditions") and progress are inextricable, and yet progress and danger (revolution) are also inextricable. Bringing the conversation back to the case of the neighbour, the tension is made visible in the understanding that the neighbourhood offers a solution to a problem of alienation, and yet the sense of closeness with neighbours that it allows causes an inability to ever feel at home. The bad neighbour as a risk to health points to an understanding of danger, but is this a revolutionary danger in the sense that Marx was alluding to?

Using Marx's lens to understand neighbourly relations in the city, we can see the neighbours as demonstrating an orientation to the city in which they desire the freedom and opportunity the city gives them (urban qualities) and yet feel threatened by the danger of city

life (manifest in the otherness of the neighbour). According to Marx, the revolutionary character of the city, which endangers the bourgeoisie, is a danger that they brought on themselves and therefore deserve. If danger, in the form of a revolutionary character, is necessary for the city to exist, then it becomes impossible to see conflict as a sign of bad health. How then is it possible to understand the bad neighbour as a health risk to other residents in the neighbourhood.

Another interesting query that emerges from a consideration of Marx's writings about the city is that of the idea of the relation between progress and revitalization. Applied to a bad neighbour in the form of say, a methadone clinic, we have a "revitalized" neighbourhood being a product of a bourgeois orientation to the city, which is actually threatened by a "progressive" form of addiction treatment.

The conflict between the bourgeoisie and proletariat that is foundational to Marx's argument can be read as one attempt to account for the problem of the neighbour in the city. In Marx's case, the dimension of the Neighbour as Other is exemplified in the oppression of the bourgeoisie and the potential for a violent revolt of the proletariat. Implied not so subtly in Marx's writings is the argument that the two classes cannot exist without violence or oppression.

Wirth: Urbanism as a Way of Life

The distinctive features of the urban mode of life have often been described sociologically as consisting of the substitution of secondary for primary contacts, weakening bonds of kinship, and the declining social significance of the family, the disappearance of the neighbourhood, and the undermining of the traditional basis of social solidarity (Wirth 1938, 157).

Wirth's interest in defining the city is grounded in certain understandings of what a proper definition should look like. His definition of the city is structured by the idea of

measurement, which is grounded in the notion of an objective and verifiable world. Wirth offers a version of a measurable and measurably different city. The city's set of distinctive features, including weak social bonds, and a decline of the family and neighbourhood are precisely attributable to the city because of their ability to be shown empirically to relate to an urban setting.

Wirth's definition of the city also needs to be read in terms of its implicit recommendation of what living in the city should look like: "Overwhelmingly the city dweller is not a home owner, and since a transitory habitat does not generate binding traditions and sentiments, only rarely is he a true neighbor" (Wirth 1938, 157). If observable trends define the city, and these trends include a weakening of social bonds and a disappearance of traditional notions of family, the city-dweller should reflect these characteristics. Thus it is possible to be a good city dweller and a terrible neighbour. Further, one's being a bad neighbour is not something for which they can be faulted, rather it is caused by the social conditions of city life.

The oft-cited criticism of those who oppose MMT and other forms of drug treatment aimed at reducing the harms of drugs, rather than punishing addicts, is that the one who stands against harm reducing strategies does so with a concern for themselves rather than a concern for the good of society. The term NIMBY (acronym for Not In My Backyard) reflects an idea of what counts as good and bad advocacy, with bad advocacy coming from a selfish place with a blindness to the whole.

What should be examined is the relation to the city and health exemplified by the NIMBY actor. Like Wirth's version of the good city dweller who can also be a bad neighbour, we have a version of a bad city dweller (in that they don't recognize the importance of the city

as a whole) who can also be accused of being a bad neighbour, and yet their action (in this case to remove the clinic) seems to be driven by a concern for neighbourliness and a healthy city.

The quotes introduced at the beginning of this chapter describe a neighbourhood with urban qualities and a strong sense of community. In the following sentence, a new culture involving “drug use, drug transactions, solicitation, trespassing, speeding and illegal parking, harassment and a reactionary police presence,” is described as becoming a part of the neighbourhood since the opening of the methadone clinic. That these activities (drug use, trespassing, etc.), are understood by the neighbours as part of a “new culture,” rather than additional “urban qualities” shows an understanding of city life that does not regard social disorganization as part of the urban. The experience of city life, which comes through in the quote from the community meeting seems to contradict the experience of city life as described by Wirth. We are left with the problem of the city as representing a variety of meanings. It is this problem that the following section of the paper attempts to engage with.

Pahl: The End of Inquiry to the City as a Cure for Uncertainty

Taking in to account Marx and Wirth’s understandings of the city has created confusion in reading the quote about the methadone clinic. It seems that the neighbours are in a situation of wanting what they can never have, much like Marx’s socialistic bourgeoisie who wants the benefits of city life without the revolutionary character, and is therefore as much of an idiot as the ruralite. Similarly, using Wirth’s lens, these neighbours look like they simply do not understand what the urban way of life is. Their concern with ownership, community and family is out of place in Wirth’s sociological definition of urbanity. And yet Wirth’s understanding of urbanity as a force that caused certain behaviours (e.g. transience) in social actors would not stand up to an empirical test if one were to be conducted in this neighbourhood. Clearly, the

force of urbanity in the particular case of this neighbourhood did not cause a decrease in home ownership, or a devaluation of family life. Perhaps, rather than being too idiotic to realize what city life requires of them, the neighbours simply refuse to let the notion of social disorganization rule their understanding of the city. Perhaps this is in part how they are able to understand the neighbourhood as stigmatized by the clinic.

Ray Pahl (1969) championed the idea that the physical characteristics of urbanity (size, density, heterogeneity) hold no significance in predicting the behaviour of individuals:

The essence of the city, to the true urbanite, is choice. The true citizen is the one who can and does exercise choice....

For sections of the middle class, choice is a way of life – in everything from consumer goods to the friends and kin they want to keep up with and the place in which they live. Thus we have some people who are *in* the city but not *of* it... (Pahl 1969, 273)

Pahl's version of the urbanite as one for whom choice is a way of life appears to more closely represent the speaker formulated in the quote about the methadone clinic. Like the actor formulated in Pahl, the neighbours orient to the place they live as a choice they made based on personal preference (i.e. the neighbours have "chosen the neighbourhood for its urban qualities and strong sense of community"). Does this orientation allow the idea of NIMBY to seem like a version of responsible citizenship? In accepting personalized idea of the city, Pahl decides to get rid of the urban-rural distinction all together. If a rural-like atmosphere (e.g. strong sense of community) is attainable in the city, and an urban mindset can find a home in the countryside, place seems to make no difference. This is what he means when he asserts, "in a sociological context, the terms rural and urban are more remarkable for their ability to confuse than for their power to illuminate" (Pahl 1969, 263). In other words, the city is a sort of grey area, a symbol

rather than a fact. The city therefore is characteristically confusing. It represents something that is in some ways, unknowable.

“The City is Nothing But a Sign”

The unknowable character of the city prompts Pahl (and many contemporary sociologists, for that matter) to simply avoid the task of understanding the city altogether. This avoidance is grounded in the assumption that what is worth studying is that which is verifiable, and that which is fundamentally unknowable does not belong in the discipline of sociology. Thus they have “solved” the problem of the unknowable city by concluding that the city is therefore nothing.

Alan Blum turns the understanding that the city is nothing on its head in *The Imaginative Structure of the City*:

The recommendation that the city is nothing but a sign serves us as a research provocation for beginning to make transparent the imaginative structure of place.... Even indeterminacy (if it exists) must be engaged and encountered as the social form that it is from a place that is ruled by the sovereignty of questioning. That the object takes on flesh in its very discourse (say, the object of indeterminacy) means that the discourse is joined to the space of this (interpretive) territory which marks its boundaries (Blum 2003, 28).

The discussion on Pahl demonstrated the possibility of understanding “the city is nothing but a sign” as an end of inquiry as structured by assumptions of verification, a knowable world and the superiority of empirical knowledge. Obviously, Blum’s treatment of the idea as a “research provocation” demonstrates fundamentally different assumptions about what it means to do theory than Pahl. Blum’s work is grounded in the value in engaging indeterminacy, which is grounded in a vision of a world which comes to be only through such action. Whereas Pahl’s speech comes from a place ruled by the desire for certainty, Blum proposes an inquiry “ruled by the sovereignty of questioning.”

The recognition of these two opposing understandings of social inquiry brings forth the question: What is the relative worth of these two orientations to the cliché “the city is nothing

but a sign”? In other words, what is the strongest way to orient to something strange, or unknown? Before delving in to a conversation about the meaning of good inquiry, let us return temporarily to our case of the neighbourhood and the methadone clinic, and to the question: How does the clinic become knowable as a stigma on the neighbourhood?

Thus far, an exploration of Marx and Wirth has formulated a city, which would not necessarily be stigmatized by the goings on at the methadone clinic. A discussion of Pahl on the other hand points to a version of the city structured by a commitment to freedom and choice in place to live. Pahl pointed out that “choice as a way of life” was an option only for the bourgeoisie, who had the means to be mobile (1969). Thus to understand how the neighbours can know the methadone clinic as a stigma, requires an understanding of the self understanding and desire of the bourgeois actor, and the relation of each to the concept of stigma.

The Bourgeoisie and the City

In *The Protestant Ethic and the Spirit of Capitalism*, Max Weber attributes the rise and dominance of the modern capitalistic enterprise to the particularities of the Protestant bourgeoisie (Weber 2007, 7; Blum 2003). Weber’s thesis is that capitalism is thriving because of a particular response to the problem of an uncertain afterlife grounded in the assumption of predestination. The bourgeois solution to the problem of uncertainty was to seek assurance of God’s grace, in the form of wealth. Thus, while one could never know for sure that she would be saved, and while there was no way to change one’s fate as saved or damned, the bourgeois actor was able to look for hints regarding her destiny in her economic circumstance (Weber 2007). An implication here is that one’s desirability in God’s eyes becomes an economic question.

Bonner (1998) looks at the “inversion of the relationship between action and confidence,” a particular innovation of the bourgeois perspective, in relation to the problem of modern parenting. Bonner developed the modern parental actor as one who was faced with the problem needing to experience power (potency) in the context of uncertainty. The bourgeois solution was to act to secure the means to gain confidence with regard to the future, a solution which, according to Bonner (86), “connotes both a responsibility to and a concern with what is one’s own.”

How does the notion of a responsibility to and concern with what is one’s own shed light on the problem of neighbourliness in the city? In the very first sentence of the quote from the community meetings, it is stated that the homes in the neighbourhood are owner-occupied. In the last sentence, the stigma on the neighbourhood is said to affect “children, residents and property values.” What does it mean to be stigmatized and how can the methadone clinic be understood as a stigma to the neighbourhood. The concept of stigma is grounded in an understanding of the *obviously* disgraceful. Stigma is associated with the notion of being marked, identified, and labeled as undesirable in some way. To experience stigma implies an experience of being known by others as undesirable or unclean. The stigma imposes itself on the object or individual. While beginning as some outside phenomenon, the stigma attaches itself to the object or individual, and in so doing, becomes *the* characteristic of that object or individual.

If the self-conception of the bourgeois is structured by a desire to show one’s desirability, and this desirability is visible in the quality (economic value) of one’s property, we can begin to see how the methadone clinic becomes knowable as a stigma on the neighbourhood, and consequently on the people who live there. When reality is understood in

light of a bourgeois desire for certainty, the interruption of the neighbourhood's status as a comfortable place makes it less desirable for the bourgeois actor.

To understand the methadone clinic as a stigma on the community, and consequently on the residents, children and property values, is grounded in assumptions of mobility and choice in place to live (the city is but one option among many in terms of a place to raise kids), as well as an assumption of one's self worth reflected in the monetary value of what one owns. Home ownership near the methadone clinic in this light looks both financially and physically unwise. Why would the bourgeois version of a rational, intelligent parent choose to live in a place where her children and investments were not safe? Parents who chose the neighbourhood to raise children are made to look irresponsible for exposing their children to the problem of addiction, or they are considered financially unable to move anywhere else. In the bourgeois paradigm, both are signs of disgrace. While the neighbours remember choosing the neighbourhood for its strong sense of community, and the choice and convenience that being in the city allowed them, the clinic's arrival along with the urban characteristics accompanying it seems monstrous. They got something that they didn't bargain for. This recognition itself is one way in which we experience the Grey Zone, and encounter our limits at predicting the future.

Chapter 5. The Proverbial Fence: Boundaries and Discretion as Solutions to the Problem of the Neighbour

A problem that has been articulated thus far is the question of how we are to orient to health in a world that allows anxiety to thrive. In other words, since our world is a shared world, and it is shared with the Neighbour who reminds us of the fundamental gap between the unknown and the known and in so doing prevents us from feeling at home, how then, do we experience something knowable and comfortable in the city? There are everyday projects that reflect an interest in such a need to feel at home in the city, amongst diversity that can at times seem intolerable and terrifying. Earlier, I suggested that the concept of the neighbourhood in the city serves as one way in which we might feel at home in a place that would otherwise be unknowable and never familiar. The neighbourhood acts like a village in the monstrous city, it sorts people, provides a boundary. It limits the effects of diversity in our private life.

In this chapter I look at solutions to the problem of the neighbour in the city through an analysis of the proverb “good fences make good neighbours.” I resist treating the saying as one that needs to be proven or disproven. That is to say, I am not interested in discovering the ways in which a fence might help or hinder one's relationship with his or her neighbour. Rather, following Blum (2003, 193) I treat the saying as “the surface of an implicit discourse in relation to a problem which remains to be explored.” In other words “good fences make good neighbours” references a conversation about the relation of boundaries to neighbourliness, and offers an answer to the question of what a good neighbour is.

Kenneth Burke: Proverbs as Medicine

In his short essay *Literature as Equipment for Living* (1973), Kenneth Burke exemplified his method of sociological interpretation through an analysis of proverbs. What he sought to demonstrate was that sociological criticism could be applied with both accuracy and rigor to material that was not necessarily sociological in nature.

Burke's question in analyzing proverbs is what kind of action a particular saying is recommending. Proverbs imply a command to act in a certain way in the face of a certain situation. As Burke puts it: "Everything is medicine" (1973, 293). Thus, language is formed through typical and recurrent social situations, and it always implies a recommended way to act. Proverbs, according to Burke, are an accessible and obvious example of this. He describes them as strategies or possibly attitudes. Thus, proverbs are not at all neutral. They reference an implicit set rules and a moral stance on a common issue or situation that requires social action.

He uses the example of the many words for snow in the Eskimo language, each which suggests a different way of acting. He argues that so many words are needed because of how variations of snow affect day-to-day living. He uses this discussion to support his argument that proverbs imply a corresponding action:

Hence, they must "size up" snow much more accurately than we do. And the same is true of social phenomena. Social structures give rise to "type" situations, subtle subdivisions of the relationships involved in competitive and cooperative acts. Many proverbs seek to chart, in more or less homey and picturesque ways, these "type" situations. I submit that such naming is done, not for the sheer glory of the thing, but because of its bearing upon human welfare. A different name for snow implies a different kind of hunt. Some names for snow imply that one should not hunt at all. And similarly, the names for typical, recurrent social situations are not developed out of "disinterested curiosity," but because the names imply a command (what to expect, what to look out for) (Burke 1973, 293-294)

Burke continues by grouping various proverbs in to various categories based on the kind of things they do (i.e. vengeance, foretelling, sizing up, etc). He points out that different proverbs could belong to different categories; they could be used or interpreted in different ways. He says that the point is not to find the right categories but rather to look for categories that suggest the active nature of the proverb (296). That there are contradictory proverbs is not a problem because “apparent contradictions depend upon differences in *attitude*, involving a correspondingly different choice of *strategy*” (297).

What is important for Burke in his analysis is not the content of the proverb or its verification, but the implications for social action. He use of words like game and strategy suggest the impossibility of a neutral language. Rather, talk is treated as a methodological device, that itself forms a certain world with certain rules for action. Burke’s analysis demonstrates the idea that we can never be outside of the game of language, and that in saying anything we are demonstrating a strategy, an attitude. Literature, as equipment for living, references the notion that language forms both the world we live in and the rules and possibilities for such a world (302).

Burke shows that a sociological analysis can be applied to any material, be it literature, proverbs, or empirical data (293). He suggests a method of classification that references the general strategies, attitudes and recommendations for action, behind particular speech (303).

I will now turn to an analysis of the proverb “good fences make good neighbours” which can be understood as a strategy for dealing with the common situation of living with others who threaten our ability to experience a knowable world. It provides an answer to the problem of the problem neighbour in the form of a prescription – build a fence, strengthen boundaries, keep your world contained. I look at the world this proverb references including the

version of the good that it allows. I look at how the proverb formulates the neighbour, the good neighbour, and neighbourliness in the city.

Fences

Fence

Noun

a barrier, railing, or other upright structure, typically of wood or wire, enclosing an area of ground to mark a boundary, control access, or prevent escape.

Verb

[trans.] (often **be fenced**) surround or protect with a fence : *our garden was not fully fenced.*

- (**fence something in/off**) enclose or separate with a fence for protection or to prevent escape : *everything is fenced in to keep out the wolves.*

- (**fence someone/something out**) use a barrier to exclude (New Oxford American Dictionary)

Originating from the term defence, the word fence references a physical structure which blocks, controls, closes off, surrounds, protects, separates, excludes. The fence mediates a relationship with those near to us, and exists to prevent their influence or danger. It is a barrier, a physical manifestation of a boundary, intended to protect what it contains from what is exterior.

If we look at mythical and historical manifestations of the fence as a method of defence from the terrifying Neighbour, we can have a good laugh. Historically, barriers were often massive and expensive undertakings, erected in times of serious crisis – and most of them failed completely: The city of Troy was tricked in to walling itself in with its enemies through accepting a gift. France put nearly all of its resources into building the Maginot Line, and the Nazis went around it. The Berlin Wall, or Anti-Fascist Barrier, became completely ineffective the minute people stopped begrudgingly tolerating it.

If we return to our proverb “good fences make good neighbours,” we can come to the conclusion, that as a literal solution to the problem of the invasive bad neighbour, it is not so

great. That is, to take it literally, would be to ignore a historical, and in some ways, common sense lesson that if someone has a mind to infiltrate a fence, they can usually find a way. What we begin to see is that the fence can dangerously leave us with a false feeling of safety, and might actually make us more vulnerable to the invasion of the thing we sought protection from in the first place.

We cannot stop here. In fact, we should not. To do so, would be to confuse a literal interpretation with a serious one. Literally the proverb can be shown as recommending ineffective action. I use literal here in the sense that something can be taken factually – something that we can know empirically – i.e. to read this proverb as a recommendation to go out and build a fence. My notion of seriousness in interpretation lies close to Blum's (2003) or Bonner's (1998) version of analysis which asks the theorist to get at the grounds of what is said and demands an ethical and political consideration of the consequences of the actions such grounds recommend. So, we need to look at the proverb and what it is saying in a way that does not merely accept it as literal advice. To treat it in this way we would have to ask after the meaning of three things: the notion of the *good* fence and neighbour, and the kind of world that would allow one to bring out goodness in the other (see Blum 2003).

The Good Fence

Perhaps a place to start is in fact with the everyday meaning of the good fence in the proverb. The notion of the good fence is often taken to mean the fence that is best at keeping the (bad) neighbour out. If you do not have to see them, hear them, deal with them, then the fence is doing its job.

The proverb has been quoted in real situations involving battling neighbours, and in such situations we are able to see how the notion of a good fence usually becomes associates

with a big fence. I am reminded of the most recent time I heard the proverb uttered was in an interview with Sarah Palin, as she explained the actions she took against her new neighbour, a journalist who was writing an unauthorized biography. Palin built a really big fence. She claimed to have done so to protect her privacy. Though there are no shortages of reasons to laugh at most things Sarah Palin does, my Master's Thesis probably is not the place. But I will go so far as to say that the recognition of the Palin fence as humorous only underscores the collective notion that one should learn from history, and the comedic (or tragic) situation that ensues when such lessons are ignored.

The failure of the Palin fence seems to mimic the failure of large-scale political barriers, in that it can be overcome. Even if we ignore the hypocrisy of someone with a reality show meant to make a spectacle of her personal life building a privacy fence on one side of her yard, there is always the simple fact that should she wish to be in any part of the neighbourhood besides her fenced yard, her neighbour can see her. What we can learn from the Palin fence, or any instance of the literal interpretation of the good fences proverb, is that the desire for an effective barrier in a fence is only part of the story.

We must resist the temptation to define goodness, even with regards to a material object, in terms of its usefulness or effectiveness. This is not simply because the possibility that a fence might not do what we want it to do, but because usefulness and goodness are two different things. Such resistance involves a recognition of the good fence that is deeper than understanding a white picket fence as cute, or a giant wall's effectiveness in keeping prisoners in one area, or a gate that prevents children from getting close to a pool. That is to say, we cannot take for granted that a fence is good in so far as it is good at achieving some desired end.

So how then do we formulate the good fence as a strong answer to the problem of the Neighbour? Part of the answer to this question lies in how we orient to our relations with objects of the world. Hannah Arendt addresses this in her discussion of work in *The Human Condition*:

It is this durability which gives the things of the world their relative independence from men who produce and use them, their “objectivity” which makes them withstand, “stand against” and endure, at least for a time, the voracious needs and wants of their living makers and users. From this viewpoint, the things of the world have the function of stabilizing human life, and their objectivity lies in the fact that – in contradiction to the Heraclitean saying that the same man can never enter the same stream – men, their ever-changing nature notwithstanding, can retrieve their sameness, that is, their identity, by being related to the same chair and the same table. In other words, against the subjectivity of men stands the objectivity of the man-made world rather than the sublime indifference of an untouched nature, whose overwhelming elementary force, on the contrary, will compel them to swing relentlessly in the circle of their own biological movement, which fits so closely into the over-all cyclical movement of nature’s household (Arendt 1958, 137)

Arendt is talking about objects as valuable in ways that go beyond our use for them. The value of an object seems to lie in its ability to stand up to our use of it, to our needs and desires, rather than its effectiveness at being used. Arendt claims that the things of the world have a stabilizing quality. Perhaps taking Arendt in to account, we can reconceptualize the idea of a fence as good, in so far as it endures our needs. While anxiety in the face of the Neighbour might bring out an urge to use an object, in this case, the fence, as a way to divide ourselves from the infection the Neighbour imposes, when we take Arendt in to account, we can no longer see the fence as merely a barrier as particularly good. Perhaps now we can say that the good fence can be talked of as good, and not just “good at” in so far as it stabilizes us in relation to the collective fate of an encounter with the Grey Zone in a shared world. The good fence, like Arendt’s table or chair, helps us to remember sameness in conditions of diversity. The good fence, therefore, is not the fence that is best at keeping the influence of the other out. The good

fence is good insofar as it enables an authentic experience with a knowable world – the deep need that the presence of the Neighbour interrupts – without denying the presence of otherness in the world. The good fence simultaneously brings us together and separates us simultaneously (Arendt 1958, Blum 2010).

Making

We usually take it for granted that people who consume our current output of books on “How to Buy Friends and Bamboozle Oneself and Other People” are reading as *students* who will attempt applying the recipes given. Nothing of the sort. *The reading of a book on the attaining of success is in itself the symbolic attaining of that success. It is while they read* that these readers are “succeeding.” (Burke 1973, 299, his italics)

Like Burke’s actor who in reading about success attains it symbolically, we can understand the catharsis in the experience of actually building a fence to keep a hated or frightening or annoying neighbour at bay. If we revisit Sarah Palin, perhaps we can see her fence building as something beyond simply failed and hypocritical. In building it she was able to feel, at least symbolically, as though she had achieved the privacy and security she so greatly desired. The hope that it will solve anxiety in the face of the neighbour, and the pacification one gets from hoping this as she builds a fence almost seems reason enough to undertake fence building without any regard to its effectiveness or to its ability to separate *and* bring us together with others.

But Burke warns against confusing symbolic attainment with real life:

The lure of the book resides in the fact that the reader, while reading it, is then living in the aura of success. What he wants is *easy* success; and he gets it in symbolic form by the mere reading itself. To attempt applying such stuff in real life would be very difficult, full of many disillusioning difficulties. (1973, 299, his italics)

So, while the making of a fence, like the reading of the book, might allow a temporary living situation in an aura of security or protection, in real life, we are faced with a situation that cannot be “solved” by erecting a barrier. Further, believing in an easy solution to a complex problem has the effect of making one more vulnerable than she should be.

We can formulate Burke’s reader and the fence builder as having a desire of controlling their future (either ensuring success, or ensuring a safe and knowable environment), and while the experience of success and safety are tasted in the act of the quick fix (reading, putting up a fence), the very complexity of the problem which triggered anxiety and the desire for a solution in the first place hits them harder and in a far more devastating way once they inevitably realize the failure of the quick fix to produce their desired end in real life.

Since the application of a fence as a protective barrier against the infection of the Neighbour is doomed from the outset, what must be developed is a strong version of fence building that includes an orientation to the idea of the good fence developed earlier. We know that the act of building allows the actor to have the symbolic experience of a knowable world free from the anxiety brought out by the neighbour. But the implication here is that the actor either mistakenly believes that the fence will offer more than symbolic protection after it is built – and the recognition that this is not so is in itself painful, or, the actor engages in an act which looks like a waste of time, if she knows what she is doing is only temporarily placating her anxiety.

However, if we cannot disregard that the making of something, the act of doing something, creates something real by creating something symbolic. Returning to the notion of the good fence we can start to develop how it might actually *make* a something worthwhile. This is possible when we remember the good fence’s capacity to separate and unite distinct

individuals. Thus, the good fence, makes the good neighbour through bringing us together without denying our difference, and through the allowance of a genuine experience with an aspect of a knowable world, in its solid, durable and unchanging (for a time) nature.

The Good Neighbour and Infection

If the problem of the bad neighbour in part is a problem of infection, but such an infection is unavoidable, and building a barrier against infection is a weak defence against it, then how is someone interested in either being a good neighbour or creating a good neighbour in the other, to orient to the notion of infection? Blum speaks to the problem of infection in the city, its potentially hystericizing effects, and the requirement of the actor who is moved in a meaningful way to commit herself to city life to develop in relation to the idea of inoculation:

That we can become ill in the city (that is, become mad with the intoxicating excess of its effervescence; or more conventionally ‘hysterical’) suggests that urbanity has the capacity to produce both the coexisting temptations of freedom and evil. The sickness against which we must take precautions refers to ways in which we who are drawn to the city must inoculate ourselves from its effervescence and from the temptation to inflate the present moment as eternal and ourselves as free and sufficient. This extremism in response to condition is, according to Durkheim, a feature of the vitality of social life and its forces; such prompting into opposite directions is part of the overstimulating character of the social, bringing us together by pulling us in all sorts of different directions... (Blum, 2010)

His version of inoculation in the city involves a resistance of the temptation to wrongly believe in our absolute freedom and sufficiency. It requires also a genuine acknowledgement of the whole, despite its fundamental ambiguity. This allows a deepening of an earlier formulation of the good fence that demands it not only move past being only a barrier against infection, but that it in some way allow a part of the terrifying otherness of the Neighbour to seep through in a way that is intended, and thus not by accident. The fence as barrier alone in light of Blum’s quote can no longer stand up as a good fence at all. Not because it can be permeated, but

because it denies permeation in the first place, preventing the actor from developing the inoculation against the maddening potential of the city. The good fence is not one that succeeds in protecting us from anxiety, but one that enables a moderate relation to the intoxicating effects of city life, including the encounter with the bad neighbour.

Discretion

I have left the notion of tolerating the neighbour, intentionally, as it removes the conversation from the realm of the political (Žižek 2008). An orientation to tolerance can be seen as a barrier, and therefore, as an answer to the problem of anxiety over the Grey Zone which the neighbour brings out avoids any meaningful interaction with the other. Tolerance kills dialogue in accepting otherness without any interest in engaging it, and thus resembles in effect the barrier fence, and is prone to the same failures. The implication here is that under the auspices of tolerance, communication with the neighbour, while seemingly an opposite of fencing can have the same disillusioning results of the fence built only to protect. In a lecture given at the Tilton Gallery in 2008 in New York (viewable on Youtube) Žižek suggests as an alternative discretion:

What I think we need today is not more communication – we should begin more modestly with more distance. We need a new code of discretion. We need to learn to be more like foreigners, to ignore others more. I think this is the great art today, although, of course, some boring Marxist would say this is alienation. It is, but there is something to alienation.

If, according to Žižek, what we need is to develop in relation to the art of ignoring others, we can again return to the ideas of the good fence, and of inoculation in light of how they can aid us in such an undertaking. The implication is that part of city life, if it is to be in any way

healthy, requires of the actor a development of the capacity to ignore the Neighbour, and it seems from the earlier discussion that inoculation can perhaps help us to do this.

Chapter 6. Revisiting the Problem of the Neighbour, and the Bad Neighbour in Relation to The Grey Zone

When I decided that this work would be a theoretical piece on the problem of the neighbour, rather than the research study I had originally planned (which itself was still theoretical in nature, but more of a focused case study), I took to the Internet to get a feel for the some every day talk about bad neighbours. A Google news search for bad neighbour Canada was overwhelmed by two categories of articles: the first collection of stories concerned hoarders- people who collect “junk” to the point that their homes could be condemned as health and safety risks. Perhaps because of their exposure in two new reality shows and on the talk show circuit, hoarders seem to be the popular version of the bad neighbour at this moment (the new smoker, pesticide user, party animal).

The other group of articles covered the Russel Williams murders, and the community reaction to them. I initially ignored these, figuring that they came up because they were recent, and because “Canada”, “bad” and “neighbour” were probably in there haphazardly (i.e. as a hypothetical example: ““No one thought he was a *bad* guy’ recalls a *neighbour*”). After more thought, and some interesting conversations with my supervisor and peers, I began thinking about the very particular way in which the Williams case is almost essential to my analysis.

One of the key themes of this thesis has been the danger of the hysterical reaction to the problem of anxiety in the face of the unknown or Grey Zone that appears in an interaction with the bad neighbour, or any neighbour. Part of the argument is that the city has a way of resisting a formulation of the Neighbour’s otherness as something that would ruin a place. Perhaps the most apt reflection of this idea is Wirth’s statement that “only rarely is [the city-dweller] a true neighbour” (1938, 157). The fact that the city as a home for diversity makes itself home to the

bad neighbour has required an orientation to the bad neighbour in a way that addresses the problem of dealing with diversity rather than its removal. Or at least this is how it must be approached if we are to respect the city as a site of freedom (Simmel, 1971).

To dismiss all fear with regard to one's neighbours as hysterical reactions to anxiety would be as problematic as taking all fears of the neighbours at their face value. What has yet to be developed is the idea of the Neighbour who *could actually* destroy a community. This forces us to turn back to the complaint of diversity as destroying the neighbourhood, which we dismissed earlier, and examine its potential for being true, even in the city. Doing so in a strong way, requires a committed acknowledgement of the Grey Zone and of the potential of the Neighbour to destroy a community.

Russell Williams as the Destructive Neighbour with No Cure

What is both frustrating and terrifying about Russell Williams is that his case does not allow us to take such comfort in having an explanation for no explanation. Williams' position in the military ensured that he was carefully tested for the types of problems that show up in post-hoc testing of murderers:

Col. Williams was part of a rarified group. Canada has fewer than 100 Air Force colonels.... "The thing about a guy in his position is we observed him over decades in a wide variety of jobs and positions to make sure he's the right individual for such a high-stress and high-responsibility job, and we select these people very, very carefully," said the retired of the air staff Angus Watt. "If there's the slightest hint of any wrongdoing or character weakness in somebody, we do not appoint him to a position of this magnitude. It's just not done. ... It's an objective process, and obviously, we missed something here." (The Globe and Mail, February 8, 2010)

We can formulate Watt as a character whose recognition of the limits of objectivity renders him incapable of sensible speech. That he says "it's just not done..." in reference to appointing someone who turned out to be a depraved lunatic to the post of colonel, his tone can be read as

a sadness that it was done, and a lament that those objective processes failed them in this instance. Watt admits that something was missed, but is unable to accept the real failure of an objective approach to understanding evil.

Williams stands out as the bad neighbour who could actually ruin a community. He is the neighbour who we cannot develop immunity to. The story of his murders shows us the very real danger of the truly barbaric neighbour. He exemplifies the neighbour whom we cannot treat with the humanity that is demanded in the definition of neighbour, and thus presents a challenge to a liberalistic treatment of the neighbour. In the face of such a neighbour, the need for protection goes deeper than economic protection.

He represents the broken scientific promise of protection through detection. In the wake of inexplicable tragedies, the modern impulse is to try to explain them, and failing that, they try to explain why there is no explanation. The lament often takes the form of “if only we had known.” When an ordinary person engages in an act of extraordinary evil, experts are generally called upon after the fact to perform evaluations on the person’s psyche and character. Usually abnormalities show up, and the conclusion is drawn that their behaviour could have been predicted had they undergone such testing before the act of evil was committed. We often accept this answer, without asking why such testing was done before hand due to the understanding that most people are good, and that it is impossible (too expensive, too time consuming, not to mention an unjustified invasion of privacy) to test everyone to see if they show signs of psychopathology. Our comfort is derived from the fact that at least the lack of testing explains the lack of ability to detect and prevent the evil. We feel good knowing that we could have known, we could have predicted, even though in this instance we did not.

In addition to attempts to pacify ourselves with knowing we could have predicted an atrocity, should we have had the time or resources, the statistical rarity of serial killers, like Russell Williams is often used as a cure for the fear that these kinds of people bring out. In other words, if the hidden character of evil becomes knowable when a monster like Williams is discovered, there is often a parallel conversation about the obscurity of such a case. The implication being that it is unlikely that another monster lives near you, as there are so few in the world. As a consolation, this argument changes the conversation. It denies the foundation shattering experience of the appearance of evil, and moves talk to the realm of likelihoods. What is terrifying about Williams is not that there could be more like him. He is terrifying because he reminds us that we can never really know our neighbour, or future, or really anything we depend on as true. The revelation of the monster who walks among us, in a very fundamental way, forces a recognition that what we don't know sometimes can hurt us, and our powerlessness in the face of such randomness. Like the reminder that one is statistically more likely to die being trampled by a donkey than in a plane crash, the idea that the Russell Williams of the world are few and far between does nothing about the real problem of anxiety that any horrific incident, no matter how rare, can bring out.

The Stealth Evildoer

One day after he strangled his second murder victim in January, Jessica Lloyd, former air base commander Colonel Russell Williams flew with some of his troops to a training exercise in California. Only three days later did he return to his lakeside cottage in Tweed, north of here, retrieve her body and dump it in a patch of nearby woods.

Hours after he killed his first target the previous November, Cpl. Marie-France Comeau, an air attendant under his command at the big 8 Wing/CFB Trenton base, he drove to Ottawa for a meeting about the purchase of a C-17 transport plane.

The terrifying ease with which the murderous colonel could resume his pose as a normal human being on the heels of committing two savage sex killings only underscored hours of searing court evidence so graphic and disgusting that it left many in the packed courtroom weeping. (Appleby and McArthur 2010)

Here we have three paragraphs, from an article in *The Globe and Mail* detailing the Williams case. The first two describe Williams committing a horrific crime and then going on to participate normally in society in his position as colonel. The third brings out the terror in the recognition that someone could be both a monster and a high-functioning, normal human being. The revelation that he not only was guilty of evil acts, but that he was able to go on participating in main stream society, undetected as a villain, seems to throw salt in the wounds of his victims, their families and the community of Tweed. In other words, the evil act itself becomes more horrifying in combination with normalcy.

The quotes reflect a dimension to the Williams case and others like it in which our horror is more than a reaction to the act of the individual – perhaps even more upsetting is the thought of the potential for evil to exist unnoticed where we least expect it. That Williams’ public persona did not fit the picture of the “knife-wielding-maniac” we might expect this kind of behaviour from is the real source of fear. And Williams stands out as someone who we *should* fear, someone with no morality, no respect for the gift of life, someone who is quite

simply evil. And yet this evil, though so clear after the damage has been done, was so hidden before. Our encounter with the gap between the known and unknown in thinking about the Williams case is far more horrific, as it reminds us outright of that the Grey Zone contains possibilities for evil as well as good.

The Pain of a Confrontation with Duality

That what should be feared can adopt the form of the familiar is one of the problems dealt with in Daniel Defoe's novel *A Journal of the Plague Year*:

Here also I ought to leave a further remark for the use of posterity, concerning the manner of people's infecting one another; namely, that it was not the sick people only from whom the plague was immediately received by others that were sound, *but the well*. To explain myself: by the sick people I mean those who were known to be sick, had taken their beds, had been under cure, or had swellings and tumours upon them and the like; these everybody could beware of; they were either in their beds or in such condition as could not be concealed.

By the well I mean such as had received the contagion and had it really upon them, and in their blood, yet did not show the consequences of it in their countenances nay, even were not sensible of it themselves, as many were not for several days. These breathed death in every place, and upon everybody who came near them; nay, their very clothes retained the infection, their hands would infect the things they touched, especially if they were warm and sweaty, and they were generally apt to sweat too (1966, 202).

Defoe's character's warning reflects a basic problem of life: what is potentially dangerous to us can take the form of something known. The reflection on the plague and its victims includes the recognition of its hidden character. The obviously sick could be avoided, contained, and separated. But the plague spread because of the well. Those within whom the infection was hidden became the vessels for its transfer. Truly frightening is the thought of death concealed in their clothes, their sweat and their breath.

The implication for the problem of anxiety in the face of the Neighbour, is that it should not only come out when we have a particularly bad neighbour. Defoe's passage reminds us of

the problem of the not so obvious character of what we should really fear. It reminds us that merely avoiding obviously unpleasant or even dangerous people, will never solve the problem of anxiety, simply because of the existence of illusions of wellness.

I am not using Williams or Defoe as a way to make an argument that we are doomed to live in fear. However, Russell Williams, and “the well” in Defoe’s passage bring out the problem that what should be feared hides itself well. The kernel of terrifying otherness contained in Žižek’s formulation of the Neighbour, can, in a very real way contain something evil or something destructive, and we are faced with the problem that we might never know until it is too late.

It is this lost dimension of horror in the face of the gap that Žižek tries to bring out in any of his analyses of the Neighbour. Rather than account for how the actor is able to manage multiple roles, Žižek’s strength is in his recognition of the problem of the sudden and often painful recognition of otherness in someone we thought we knew well. He sums this problem up in the preface to the latest edition of *The Plague of Fantasies*:

When we think we really know a close friend or relative, it often happens that, all of a sudden, this person does something – utters an unexpectedly vulgar or cruel remark, makes an obscene gesture, casts a cold indifferent glance where compassion was expected – making us aware that we do not really know him: we become suddenly aware that there is a total stranger in front of us. At this point the fellow man changes into a Neighbour (2008a, vii)

The point at which the fellow man changes into a Neighbour is an instance in which the Grey Zone is made visible in a real and painful way. Žižek brings out the pain of looking at someone you think you know, and for whatever reason, only being able to see them as a stranger. And Žižek’s formulation of the recognition of the gap in this way does not even need to be experienced with someone we think we know well. When we see a total stranger in someone we think we could know well, someone we hypothetically should trust we can feel as betrayed.

In other words, it is not the subjective details of any given situation in which we experience the Grey Zone that is painful, but the form in which the experience takes. The pain is in the recognition that we never really knew something or someone we thought we did.

Thus, any theory that only serves to explain how it is possible for the social actor to maintain multiple statuses, even deviant ones, with varying degrees of success, does not (and is not equipped to) examine the (reflexive) experience of the recognition of otherness in someone we thought we knew. Such mere explanations do not help us with the problem of an encounter with someone we should know or should trust engaging in action that is both foreign and denies the something that we once thought essential to their character.

A Call to Heal

A healing relation to anxiety includes a recognition of its place in the whole. Anxiety is a response to the potentially terrifying side of the unknown. To heal in relation to anxiety to some extent requires an acknowledgment of our limits in knowledge. It requires an acceptance of our limitedness with regards to our future. But the notion of healing means a relation that does not allow anxiety to overcome us. If anxiety is a reflection of our fear over what we cannot know, but what might be, then to succumb to fear and believe truly in something we cannot know, is pathological in and of itself. This means that we cannot deny anxiety and its place as a real part of the human experience. We cannot and should not try to “cure” it, as such an attempt would be a move away from our genuine experience of being in the world. Rather, those of us with an interest in health are called to think about anxiety as something we must orient to in a strong way at various points in life. The Neighbour presents us with a situation where we must work out a relation to anxiety, and in such a way, the gift of the Neighbour might not be a cure for loneliness, but a chance to work out a relation to anxiety over the

unknown, in a concrete way. It is in our relations with others around us that we are required to face uncertainty and learn to live with it in a way that is good.

Such an orientation might ask us to resist Žižek's dichotomy of the fellow man and the Neighbour, as any orientation to the whole would recognize that each contains a kernel of the other. In using the word Neighbour as a word for the Other (2000, 2008a, 2008b) , Žižek must have some interest in formulating Other as something beyond otherness. As was touched on earlier, the term neighbour in its political sense depends on a notion of fellowship, and to separate this from any formulation of the Neighbour is in some way to deny its roots. Therefore, in the same way that we must recognize the Grey Zone in any neighbour, we must be able to understand some sense of fellowship and unity in the Neighbour, even if it is only unity in the sense the we all struggle (Žižek 2006)

Conclusion

The accusation that this analysis has brought up more problems than solutions would not be incorrect. That problem solving was not the goal of this work should be apparent, and yet once revealed, any problem demands an attempt at an answer. Bonner (1998) argues that it is the lens of our modern, production-oriented society that allows us to recognize the notion of a problem as implicitly asking for a solution that fixes it. He, in turn, orients to a problem as a deep need, and as such, gives the idea of a problem a dimension beyond solutions. This dimension includes a question of how we might act in relation to a fundamental lack, in relation to what we cannot and perhaps should not even attempt to solve:

If ambiguity is essential, a universal, any approach to ambiguity must participate in its topic, must be infected by the very ambiguity it studies. If such research is not to claim an exemption from ambiguity in a dogmatic gesture, it must propose to preserve ambiguity in its very manner; part of the appeal of the inquiry must reside in how it mediates ambiguity as a topic and resource without denying its two-sidedness or passively resigning itself to ambiguity whether out of disrespect, indifference or blindness (Blum 2010, 46)

Throughout this paper I have tried to resist the temptation to take a solution based approach to any of the problems that have been uncovered. One of the lessons in doing this has been that any serious treatment of ambiguity, like Blum says above, has the effect of making things more complex. While seemingly disconnected, each chapter in this thesis is oriented to not only discovering and describing how the Grey Zone appears in a particular case, but to preserving ambiguity while seeking to develop a less painful relation to it. Thus, to heal in relation to ambiguity requires a participation in it rather than avoiding it.

In each chapter, what at first appears as a problem with the neighbour was deepened and developed drawing from theory, and interpretive methods. What I tried to show each time was that the deep problem is not a problem with the neighbour, but a problem of not knowing how to cope with the unknown. However, if, according to theorists like Blum, Bonner and Žižek, among others, ambiguity is essential to any phenomenon, the theorist is obliged to treat ambiguity itself as a topic. The cases in this study were not selected hap-hazardly, but for the way in which they showed ambiguity in a way that could be theorized through the problem of anxiety in the face of a neighbour.

Thus, I tried to look at the problem of the possibility of hysteria as a response to anxiety over the unknown. I looked at how this can be generated in situations where our need for a knowable world is threatened, especially in the city, by a particularly problematic neighbour. I tried to show the need to develop the problems expressed in the passages I used beyond what can easily be taken for granted, in order to approach the deep problem with a mind to cure, and avoid the danger of a hysterical solution to a hysterical problem.

I looked at theories that deal deeply with the problem of living with otherness, and how this is both a condition of life, and puts at risk our ability to feel at home. What appeared in this conversation was a need not only to feel at home (in the city) but to feel at home with what might threaten feeling at home. To feel at home with anxiety is in a way needed, as despite its painfulness, anxiety is part of a life in which there is knowledge of death.

I look at how an overwhelming neighbour, or neighbours can create a sense of stigma on an entire neighbourhood, and how this sense of stigma is possible even in a place as diverse as the city. I attempted to show how the encounter with a methadone culture was deeply an

encounter with our limits in controlling our environment, and even our health and well being in the city.

My analysis of the proverbial fence as a solution to the problem of the neighbour attempted to show that when used to treat the symptom i.e. when used to prevent an encounter with a “bad neighbour” the fence easily appears weak. My aim in this chapter was to develop a theoretical idea of a barrier that would provide a strong way of dealing with the anxiety over the unknown that the neighbour generates. Using Blum and Žižek’s formulations of infection and discretion, I tried to orient to the idea of a boundary that might allow us to practice the arts of inoculation against infection and discretion. I looked at the fence as an object of the world (Arendt, 1958) that is able to provide an experience of similarity in a changing and unknowable reality. I tried to argue that the need for boundaries, inoculation and discretion reflects an idea of healing in relation to anxiety rather than getting rid of it.

Finally, I looked at the Russell Williams case as a way of formulating the neighbour that can really ruin a place, a neighbour that presents a real danger, a real need for defence. The problem of the neighbour who can do real damage, is that unlike the noisy neighbour or the methadone clinic, such a neighbour operates in a way that we cannot detect. The terrifying idea that there could be unknown and undetectable evil in our presence asks us to reorient to the Grey Zone in a way that makes anxiety not only inevitable, but as something more than pathological. I tried to use the Williams case as an argument for strong mindfulness of the possibilities for good and evil that exist in anything unknown.

Several questions have come up in my analysis of the problem of the neighbour. The main problem that has come out is one of the anxiety that the bad neighbour brings out in us in relation to our need to feel at home in the world. The Neighbour reminds us of our limits. We

can formulate fear of the bad neighbour, deeply, as a fear of facing the irresolute gap that is the Grey Zone. I have tried to show that it is hysterical to imagine the encounter with the Grey Zone as fatal, and thus orient to fixing or solving it. The problem with such an approach is two-fold. First, it ignores the fundamentality of the Grey Zone and its existence as a part of any social phenomenon. Secondly, an approach to “solving” the problem of the neighbour has the effect of denying the underlying cause of the fear, which, if faced, might be able to heal.

References

- Appleby, T and McArthur, G. 2010. "Russell Williams Moved Easily Between Roles of Murderer and Colonel" The Globe and Mail, 19 October. Available at: <http://licence.icopyright.net/user/viewFreeUse.act?fuid=MTEyNTU2OTE%3D> [Accessed 30 December, 2010]
- Arendt, H. 1958. The Human Condition. Chicago: University of Chicago Press
- Blum, A. 2003. The Imaginative Structure of the City. Montreal & Kingston: McGill-Queens University Press.
- 2006. City Life and Well-Being: The Grey Zone of Health and Illness. Funding application to the Canadian Institute of Health Research.
- 2010. The Grey Zone of Health and Illness. Bristol: Intellect Press.
- Bonner, Kieran. 1998. Power and Parenting: A Hermeneutic of the Human Condition. New York: St. Martin's Press.
- 1999. A Great Place To Raise Kids: Interpretation, Science and the Urban-Rural Debate. Montreal & Kingston: McGill-Queens University Press.
- Burke, K. 1973(1941). The Philosophy of Literary Form: Studies in Symbolic Action. 3rd Ed. Los Angeles: University of California Press.
- Canadian Oxford Dictionary. 1st ed. 1998. Oxford University Press
- Chappell, N. and Funk, L. 2004. "Lay Perceptions of Neighbourhood Health." Health and Social Care in the Community. 12 (3): pp 243-253
- Defoe, D. 1966(1772) A Journal of the Plague Year. Anthony Burgess, Ed. New York: Penguin Classics
- DeLongis, Anita., Lazarus, Richard S. , and Folkman, Susan. 1988. "The Impact of Daily Stress on Health and Mood: Psychological and Social Resources as Mediators" Journal of Personality and Social Psychology . Volume 54, no 3. 486-495
- Fraser, Susanne and K. Valentine. 2008. Substance and Substitution: Methadone Subjects in Liberal Societies. New York: Palgrave Macmillan.
- Freud, S. and Breuer, J. 1955. Studies on Hysteria. Trans and Ed. James and Alix Strachey. Great Britain: Cox and Wyman Ltd. 1978

- Gadamer, Hans-Georg. 1996. *The Enigma of Health: The Art of Healing in a Scientific Age*. California: Stanford University Press.
- Glaeser, E. 2010. "The Health of Cities" *The New York Times* 22 June. Available at: <http://economix.blogs.nytimes.com/2010/06/22/the-health-of-the-cities/> [Accessed 27 October, 2010]
- Herzlich, Claudine. 1973. "The Individual, The Way of Life and the Genesis of Illness" *Health and Illness: A Social Psychological Perspective*. London and New York: Academic Press.
- Karush Rogers, T. 2006. "The Last Straw" *The New York Times*, 22 October. Available at: http://www.nytimes.com/2006/10/22/realestate/22cov.html?_r=1&scp=1&sq=The+Last+Straw+bad+neighbor&st=nyt [Accessed 27 October, 2010]
- Lee, L. 2001. "Is Cindy Crawford a Bad Neighbour?" *The New York Times*, 25 January. Available at: <http://www.nytimes.com/2001/01/25/garden/is-cindy-crawford-a-bad-neighbor.html> [Accessed 27 October 2010]
- Lind, B., Chen, S., Weatherburn D. and Mattick, R. 2004. "The Effectiveness of Methadone Maintenance Treatment in Controlling Crime.: An Aggregate Level Analysis" Bureau Brief. NSW Bureau of Crime Statistics and Research. Available at: [http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/BB24.pdf/\\$file/BB24.pdf](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/BB24.pdf/$file/BB24.pdf) [Accessed Jan 2011]
- Littlejohn, S. 1989. *Theories of Human Communication*. Belmont, California: Wadsworth
- Marx, Karl and F. Engels. (1848) 1978. "Manifesto of the Communist Party." Pp. 473-500. In *The Marx-Engels Reader*, 2nd edition, edited by R.C. Tucker. New York: WW Norton & Company.
- McArthur, G., Ladurantaye, S., and Appleby, T. 2010. "Respected Colonel Charged with Murder of Two Women" *The Globe and Mail*, 8 February. Available at: <http://licence.icopyright.net/user/viewFreeUse.act?fuid=MTEyNTU4MTY%3D> [Accessed 30 December, 2010]
- McHugh, Peter, S. Raffel, D. Foss, and A. Blum. 1974. *On the Beginning of Social Inquiry*. Boston: Routledge & Kegan Paul.
- Neighbours From Hell in Britain 2002-2009 (Website). Available at: <http://www.nfh.org.uk/> [Accessed 27 November 2010]
- Neighbours From Hell in Britain 2002-2009 "Noisy Neighbours and Noise Issues" Article on Website, no author listed. Available at: <http://nfh.org.uk/resources/Articles/noise/index.php> [Accessed 27 November, 2010]

- New Oxford American Dictionary. 2005-2009. Computer software version for Macintosh.
- Pahl, R. E. 1968. "The Rural-Urban Continuum." Pp. 263-294. In *Readings in Urban Sociology*, edited by R.E. Pahl. Toronto: Pergamon Press
- Peeples, L. 2010 "Is your neighbourhood heart-healthy?" *The Montreal Gazette*, 14 July.
Available at:
<http://www.montrealgazette.com/health/your+neighbourhood+heart+healthy/3278174/story.html> [Accessed 8 August, 2010]
- Raffel, Stanley. 1985. "Health and Life" *Theoretical Medicine*. Volume 6 pp 153-164.
- 2006. "Parasites, Principles, and the Problem of Place" *History of the Human Sciences*. Volume 19, Number 3. pp 83-108.
- Simmel, Georg. 1971(1903). "The Metropolis and Mental Life." In *Georg Simmel: On Individuality and Social Forms*. Chicago: University of Chicago Press.
- Weber, Max. 2007(1930). *The Protestant Ethic and the Spirit of Capitalism*. New York: Routledge.
- Wirth, Louis. 1938. "Urbanism as a Way of Life." *American Journal of Sociology* 44, no. 1:1-24.
- Žižek, Slavoj. 2000. *The Fragile Absolute*. London and New York: Verso.
- 2006. Video. The Tilton Gallery. "Can one Really Tolerate a Neighbor?" Slavoj Žižek Lecture. *Lacanian Ink* 28, Autumn 2006. Available at:
<http://www.lacan.com/videos/tilton-Žižek-112006.html> [Accessed 20 May 2010]
- 2008a(1997). *The Plague of Fantasies*. London and New York: Verso.
- 2008b *Violence*. New York: Picador.